

 **ST. HENRY CATHOLIC SCHOOL**

2024-2025
AFTER CARE PROGRAM REGISTRATION

PARENT/GUARDIAN INFORMATION

Name: _____

Relationship: Father Mother Grandmother Grandfather Guardian Other: _____

Address/City/State/Zip: _____

Email Address: _____

Please provide the best number(s) to reach you at during the After-School Program

1. _____ Phone Type: Cell Office Home

2. _____ Phone Type: Cell Office Home

Name: _____

Relationship: Father Mother Grandmother Grandfather Guardian Other: _____

Address/City/State/Zip: _____

Email Address: _____

Please provide the best number(s) to reach you at during the After-School Program

1. _____ Type: Cell Office Home

2. _____ Type: Cell Office Home

STUDENT INFORMATION

1. Name: _____ Date of Birth: _____ Grade: _____

2. Name: _____ Date of Birth: _____ Grade: _____

3. Name: _____ Date of Birth: _____ Grade: _____

4. Name: _____ Date of Birth: _____ Grade: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Contact # _____ Type: Cell Home Office

Name: _____ Relationship: _____

Contact # _____ Type: Cell Home Office

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PERSONS PERMITTED TO PICK UP STUDENT(S)

Name: _____ Relationship: _____

Contact # _____ Phone Type: Cell Office Home

Name: _____ Relationship: _____

Contact # _____ Phone Type: Cell Office Home

Name: _____ Relationship: _____

Contact # _____ Phone Type: Cell Office Home

Name: _____ Relationship: _____

Contact # _____ Phone Type: Cell Office Home

ADDITIONAL INFORMATION

Does your student have any allergies that we need to be aware of? If so, please list.

Is there anything we need to know to better serve your student, for example special physical or emotional needs, behavioral issues, or health concerns? If so, please list.
