



2021-2022

Before School Registration

FAMILY INFORMATION

_____ FAMILY NAME _____ DATE _____

_____ STREET ADDRESS _____ CITY/STATE/ZIP _____

_____ MOTHER/GUARDIAN'S NAME _____ MOTHER/GUARDIAN'S WORK & CELL PHONES _____

_____ FATHER/GUARDIAN'S NAME _____ FATHER/GUARDIAN'S WORK & CELL PHONES _____

STUDENT INFORMATION

CHILDREN ATTENDING PROGRAM:

1. _____
NAME GRADE ALLERGIES/LIMITATIONS/PERTINENT INFO

2. _____
NAME GRADE ALLERGIES/LIMITATIONS/PERTINENT INFO

3. _____
NAME GRADE ALLERGIES/LIMITATIONS/PERTINENT INFO

4. _____
NAME GRADE ALLERGIES/LIMITATIONS/PERTINENT INFO

PROGRAM INFORMATION

MY FAMILY INTENDS TO USE THIS PROGRAM:

- EVERY MORNING DURING THE SCHOOL YEAR
- 2-3 DAYS PER WEEK
- 1 DAY PER WEEK
- 1-3 DAYS PER MONTH
- OTHER: _____

EMERGENCY CONTACTS/AUTHORIZED PICKUPS

1.	_____	_____	_____
	NAME	ADDRESS	CELL
2.	_____	_____	_____
	NAME	ADDRESS	CELL
3.	_____	_____	_____
	NAME	ADDRESS	CELL

MEDICAL/INSURANCE INFORMATION

I AUTHORIZE THE NATIVITY OF MARY SCHOOL BEFORE SCHOOL PROGRAM TO SEEK NECESSARY MEDICAL CARE IN THE EVENT OF AN EMERGENCY.

_____	_____
DOCTOR'S NAME	DOCTOR'S PHONE
_____	_____
INSURANCE CARRIER	POLICY/GROUP#

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____