

# Before School Registration Form 2020-2021



Family Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### My family intends to use this program:

\_\_\_ Every morning during the school year

\_\_\_ 1-3 days a month

\_\_\_ 2-3 days per week

\_\_\_ Other \_\_\_\_\_

\_\_\_ 1 day a week

### Child(ren) Attending:

Name	Grade	Allergies/Limitations/Pertinent Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Emergency Contact Information / Persons authorized to pick up your child:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

I authorize Nativity of Mary School Before School Program to seek necessary medical care in case of an emergency:

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Identification # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_