

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

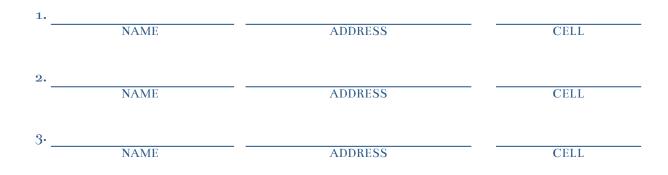
2-3 DAYS PER WEEK

1 DAY PER WEEK

1-3 DAYS PER MONTH

OTHER:

EMERGENCY CONTACTS/AUTHORIZED PICKUPS



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 _____