

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

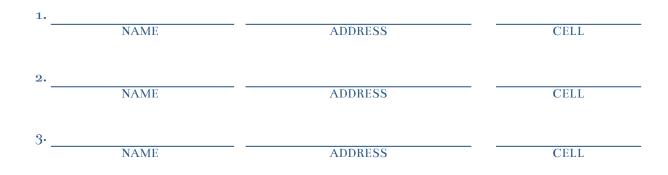
**2-3 DAYS PER WEEK** 

**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 \_\_\_\_\_