



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 _____