



2024-2025

Before School Registration

FAMILY INFORMATION

DATE

FAMILY NAME

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
5.	NAME	GRADE	ALLERGIES/LIMITATIONS/PERTINENT INFO
6.	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

(OTHER THAN PARENTS)

- | | | | |
|----|-------|---------|-------|
| 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 _____