

ST. JOSEPH SCHOOL
AFTER SCHOOL CARE REGISTRATION FORM 2007- 08

Please note that ASC does not start until the first full week of school.

Please Print Neatly: Family Last Name: _____

Child's Name	D.O.B.	Teacher/Grade

Please complete emergency contact information below.

Fill in this section or use form Emergency Information/Authorization

Parent/Guardian Name		Home Phone	Work Phone	Cell/Pager
Father/Guardian:				
Mother/Guardian:				

Home Address: _____

School Bus District: _____

Please list two emergency contacts/people authorized to pick up child/children:

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

Days child/ren will attend. Please circle:

- I only plan to use ASC on a sporadic basis.
- I anticipate a regular attendance schedule for my child/ren based on the days circled below.

Office Use Only:
<input type="checkbox"/> Information complete <input type="checkbox"/> Registration fee rec'd.

Monday Tuesday Wednesday Thursday Friday

Approximate pick-up time: _____ I have attached the \$40.00 registration fee

Parent/Guardian Signature: _____ Date: _____

