

SAINT CAJETAN SCHOOL

BEFORE & AFTER SCHOOL PROGRAM

2016/2017

Registration Fee

\$45.00 per child - PM Program

\$10.00 per child - AM Program

Today's date _____ First date of attendance _____

Child's Name _____

Date of birth _____ School Grade _____ Age _____

Parent(s)/guardian(s) with who child resides:

Name _____ Home phone _____

Address _____ Zip code _____

Cell Phone _____

Name of business _____ Address _____

Work phone _____ Work hours _____

Name _____ Home phone _____

Address _____ Zip code _____

Cell Phone _____

Name of business _____ Address _____

Work phone _____ Work hours _____

PERSONS AUTHORIZED TO CALL FOR YOUR CHILD: Any changes in the following must be received in writing.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

EMERGENCY NUMBERS: Please list two (2) people who can be notified in case of emergency when you are unavailable. Please provide the telephone number/cell phone of where they can be reached during program hours.

1. _____ Relationship _____

Address _____ Phone _____

Cell Phone Number _____

2. _____ Relationship _____

Address _____ Phone _____

Cell Phone Number _____