

ST. DOMINIC AFTER SCHOOL CARE

Registration Form

2009-2010 School Year

Mother's Name _____ Father's Name _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____
 Work Phone _____ Work Phone _____
 Employer Name _____ Employer Name _____

Emergency Contact _____ Phone _____ Relationship _____
 Emergency Contact _____ Phone _____ Relationship _____
 Pickup Authorization _____ Phone _____ Relationship _____
 Pickup Authorization _____ Phone _____ Relationship _____

	CHILD 1	CHILD 2	CHILD 3
Grade			
Age			
First Name, Middle Initial			
Last Name			
"Goes By" Name			
Male/Female			
Birthday (MM/DD/YY)	/ /	/ /	/ /
Does your child have any food allergies?			
Does this child have any physical conditions of which we should be aware?			

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I have read the following agreement and understand what is required for my child to be enrolled in the After-School Program.

1. I agree to pay all fees required in advance of my child attending the program.
2. I agree that if my ASC Tuition is not paid in full the school will be able to hold my child's report card until it is paid.
3. I have read the St Dominic School Parent/Student Handbook, and support all the rules and regulations contained in the Handbook.
4. I will notify the Director immediately if for some reason I am not pleased with the care my child is receiving.
5. I agree to support the staff in their efforts to provide a safe and respectful environment.
6. I, _____ authorize St. Dominic staff to obtain emergency medical treatment for my child(ren) in case of an emergency.

 (SIGNATURE OF PARENT OR GUARDIAN)

 (DATE)

-----**FOR OFFICE USE ONLY**-----

Date Registered _____ New _____ Returning _____ Reg. Fee Pd. _____
 Full Time _____ Part Time _____ Check # _____