

ASSUMPTION SCHOOL
After School Registration

Child's name _____ Grade _____ A B C
_____ Grade _____ A B C
_____ Grade _____ A B C

Home address _____

Days your child will attend (circle) M T W TH F

Will attend regularly _____ Occassionally _____

Approximate pick up time _____
(After school ends at 5:00 p.m.)

Parent
Name _____
Cell # _____
Work# _____
Home # _____
Email _____

Parent
Name _____
Cell # _____
Work# _____
Home # _____
Email _____

Does your child have any allergies or health issues? _____

Who should be contacted in case of emergency if neither parent or guardian can be reached? _____

People who we can release your child to without a prior phone call to you:

