

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 _____ Occassionaly _____

Approximate pick up time _____

After school ends at 5:00 p.m.

Parent Name _____

Cell # _____

Work# _____

Home# _____

Email _____

Parent Name _____

Cell# _____

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 not be reached?

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

