

2024- 2025 SCHOOL YEAR SAINT GILBERT AFTER SCHOOL CARE PROGRAM REGISTRATION FORM

Please Print

There is a \$25 non-refundable registration fee per family due at the time of registration.

SECTION 1 STUDENT INFORMATION

Last Name	First Name	<input type="checkbox"/>	M	<input type="checkbox"/>	F	Birthdate	Grade
Address		City			State		Zip
Special Needs							

Last Name	First Name	<input type="checkbox"/>	M	<input type="checkbox"/>	F	Birthdate	Grade
Address		City			State		Zip
Special Needs							

Last Name	First Name	<input type="checkbox"/>	M	<input type="checkbox"/>	F	Birthdate	Grade
Address		City			State		Zip
Special Needs							

Last Name	First Name	<input type="checkbox"/>	M	<input type="checkbox"/>	F	Birthdate	Grade
Address		City			State		Zip
Special Needs							

SECTION 2 PARENT/GUARDIAN INFORMATION (Indicate preferred contact telephone number)

Last Name	First Name	<input type="checkbox"/>	Father	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Other
Address (if different)		City			State		ZIP
Employer		E-mail Address					
Work #	Home #			Cell #			

Last Name	First Name	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>	Other
Address (if different)		City			State		Zip
Employer		E-mail Address					
Work #	Home #			Cell #			

SECTION 3 PERSONS AUTHORIZED TO PICK UP CHILDREN

Name	Relationship	Phone#
Name	Relationship	Phone#
Name	Relationship	Phone#
Name	Relationship	Phone#

SECTION 4 ATTENDANCE INFORMATION

Anticipated program usage, indicate days needed and estimated total weekly hours.

	Days of Attendance	Number of Students	Estimated Total Weekly Hours
5 days a week	All		
4 days a week <small>(circle choice of days)</small>	M, Tu, W, Th, F		
3 days a week <small>(circle choice of days)</small>	M, Tu, W, Th, F		
2 days a week <small>(circle choice of days)</small>	M, Tu, W, Th, F		
1 day a week <small>(circle choice of day)</small>	M, Tu, W, Th, F		
Occasionally			

SECTION 5 EMERGENCY INFORMATION

Please list any student health conditions or allergies.

In case of Emergency, Illness or Accident to the children named above.

The staff is authorized to proceed as indicated below. Indicate the preferred order of action.

- | | |
|---|---|
| <input type="checkbox"/> Contact Father | <input type="checkbox"/> Call 911 |
| <input type="checkbox"/> Contact Mother | <input type="checkbox"/> Other desired action |

Parent/Guardian Signature _____