

**ST. JOSEPH THE WORKER AFTER SCHOOL PROGRAM**

**Registration Form**

(Please Print)

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mother's/ Guardian's Name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Father's/ Guardian's Name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Does your child have any allergies or medical concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts (if parents or guardians are not available)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

We reserve the right to decline or cancel participation in this program due to disciplinary concerns, non-payment of fees or if children are not picked up by 6:00 pm.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form with the non-refundable fee of \$65.00

Make checks payable to: ST. Joseph the Worker After School Program.

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For Office Use:

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Amt. \_\_\_\_\_