



ST. KIERAN SCHOOL

The Foundation for an Extraordinary Future

BEFORE/AFTER CARE PROGRAM REGISTRATION FORM (PLEASE PRINT)

\$15 REGISTRATION FEE

STUDENT INFORMATION

Student Name: _____
LAST FIRST MIDDLE

Address: _____ Telephone: _____
STREET CITY/STATE ZIP

Date of Birth: _____ Age: _____ Grade: _____

Allergies: _____ Medication: _____

INSURANCE INFORMATION

Health Insurance: _____ Hospital Affiliation: _____

Doctor: _____ Telephone: _____

Address: _____
STREET CITY/STATE ZIP

EMERGENCY INFORMATION

Parent(s) Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY/STATE ZIP

Home Telephone: _____ Work Telephone: _____

Illness or Accident or Leaving Center Premises – In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and they have signed their names on this card. They may also release my child from the center:

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY/STATE ZIP

Home Telephone: _____ Work Telephone: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY/STATE ZIP

Home Telephone: _____ Work Telephone: _____

PERSONS AUTHORIZED TO PICK UP (REMEMBER, a child will NOT be released to anyone else!)

Primary Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY/STATE ZIP

Home Telephone: _____ Relationship: _____ Signature: _____

Alternate Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY/STATE ZIP

Home Telephone: _____ Relationship: _____ Signature: _____