



**ST. MARY'S INSTITUTE**  
Inspiring Minds, Unlocking Potential Since 1880.

# AFTER SCHOOL PROGRAM REGISTRATION

Check day(s):

Monday

Tuesday

Wednesday

Thursday

Friday

## ***Student(s) Information***

Name(s):

Grade(s):

## ***Parent & Guardian Information***

Father's Name:

Employer:

Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Other Phone Number:

E-mail Address:

Marital Status:

Mother's Name:

Employer:

Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Other Phone Number:

E-mail Address:

Marital Status:

## ***Authorized Pick-Up Information***

I authorize the following individuals to pick up my child(ren):

Name:

Phone Number:

Relationship to Student(s):

Name:

Phone Number:

Relationship to Student(s):

Name:

Phone Number:

Relationship to Student(s):

Who has legal custody? \_\_\_\_\_

Is anyone legally barred from seeing my child(ren)?

Yes

No

If yes, who?

Relationship to Student(s):

## ***Emergency & Medical Information***

Child's Primary Doctor:

Phone Number:

Hospital Preference:

### **Authorization for Treatment**

In case of an emergency, and in the event I cannot be reached, I hereby give permission to the staff of St. Mary's Institute to hospitalize and to secure treatment for my child. The health history is correct to the best of my knowledge, and my child, who is named above, has permission to engage in all activities except as noted by me and/or the examining physician.

Signature:

Date:

## ***Parent Agreement***

My child may attend the St. Mary's Institute After School Program and I certify that he/she is capable of participating in all activities. I also grant St. Mary's Institute and its staff, full authority to take whatever action they deem necessary regarding my child's health and safety, and I fully release St. Mary's Institute and its staff from any liability in connection with those decisions. I understand my child must comply with program rules and standard of particular behaviors. I agree that St. Mary's Institute and its staff have the right to enforce appropriate standards of conduct and may dismiss, without refund, any student who infringes upon the rights of others. Further, I have read and fully understand the policies and procedures pertaining to the After School Program as outlined in the school handbook. I am aware and accept responsibility for the payment of program fees and late fees, if applicable.

Signature:

Date: