



Blessed Sacrament School

AFTER SCHOOL CHILD CARE REGISTRATION FORM - 2021 - 2022

PLEASE **PRINT** ALL INFORMATION

CHILD'S (REN'S) LAST NAME _____

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

MOTHER'S NAME _____ FATHER'S NAME _____

WORK NUMBER _____ WORK NUMBER _____

CELL NUMBER _____ CELL NUMBER _____

HOME ADDRESS _____

_____ ZIP _____

HOME PHONE _____

➤ **PLEASE CIRCLE THE DAYS YOUR CHILD/CHILDREN USUALLY WILL STAY:**

M T W TH F

OTHER THAN PARENTS, PLEASE LIST AUTHORIZED ADULTS, WHO HAVE PERMISSION TO PICK-UP YOUR CHILD/CHILDREN FROM AFTER SCHOOL CHILD CARE.

A NOTE MUST COME INTO SCHOOL IF ANYONE ON THIS LIST IS PICKING UP ON A GIVEN DAY INSTEAD OF PARENT OR GUARDIAN:

NAME	PHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PLEASE LIST ANY MEDICAL HISTORY THAT MAY BE SIGNIFICANT TO THE ASCC STAFF:

