

After School Care Program 2009-1010

Student Name: _____ Grade ____ Parent/Guardian _____
(PLEASE PRINT)

Listed below are the persons who are authorized to pick up my child in the event that I am unable to. I understand that the RCS staff will release my child only to those people listed below.

(Please note that a photo id will be required of all persons other than the parent/guardian)

1. _____ Relationship _____ Phone No: _____

2. _____ Relationship _____ Phone No: _____

3. _____ Relationship _____ Phone No: _____

4. _____ Relationship _____ Phone No: _____

Information below must be completed in order to participate in the After Care Program

Student Date of Birth _____ Age _____ Address: _____

Home Phone No: _____

Mother's Name: _____ Cell Phone: _____

Employer's Name (if applicable) _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Employer's Name (if applicable) _____ Work Phone: _____

EMERGENCY CONTACT: (person must be able to be reached during After School Program Hours)

Name: _____ Address: _____ Home Phone _____

Cell Phone: _____ Work Phone: (if applicable) _____ Relationship _____

Medical Information: Does your child have any medical conditions that our staff should be aware of? (i.e. allergies, medications, etc?) Yes ____ No ____ . If yes, please list/explain:

By my signature below, I understand that my child will be governed by the rules and regulations of the Rome Catholic School Handbook and those specific rules set forth by the After Care Program. I also affirm that I will pay the monthly statement for the services provided by the After Care Program by the 15th of every month.

Parent/Guardian Signature

Date: _____