

Please complete this
Registration form
In order to use the
After School Care Program.

St. John the Evangelist After School Program 2025-2026

Today's Date: _____

Family Name _____

Child's Name _____ **Grade** _____ (for 2025-26)

Child's favorite activities _____

Child's Name _____ **Grade** _____ (for 2025-26)

Child's favorite activities _____

Child's Name _____ **Grade** _____ (for 2025-26)

Child's favorite activities _____

Family Address _____

City _____ **Zip** _____

Phone/Cell: _____

Please list any health concerns, or allergies (use back of this sheet if needed) _____

Father's Name _____ **Phone/Cell** _____
Last First (during after school hours)

Mother's Name _____ **Phone/Cell** _____
Last First (during after school hours)

Emergency Phone numbers:

Please list the names of people we can contact who will assume temporary custody of your child if you cannot be reached

Name _____ Phone _____

Name _____ Phone _____

I authorize the following adults to pick my child up from after school care:

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____