

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

**St. John the Evangelist
After School Program
2024-2025**

Today's Date: _____

Family Name _____

Child's Name _____ **Grade** _____ (for 2024-25)

Child's favorite activities _____

Child's Name _____ **Grade** _____ (for 2024-25)

Child's favorite activities _____

Child's Name _____ **Grade** _____ (for 2024-25)

Child's favorite activities _____

Family Address _____

City _____ Zip _____

Home Phone _____

Email Address _____

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

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

Mother's Name _____ **Phone** _____
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 _____