

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 \_\_\_\_\_