

# Our Lady of Refuge After Care Program Enrollment Form

Parent - Guardian - Student Information - please complete this form thoroughly

FAMILY LAST NAME \_\_\_\_\_ START DATE \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_ M \_\_\_ F \_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_ M \_\_\_ F \_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_ M \_\_\_ F \_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**PARENT/GUARDIAN 1** \_\_\_\_\_

If Different from Above: STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMPLOYER \_\_\_\_\_

**PARENT/GUARDIAN 2** \_\_\_\_\_

If Different from Above: STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMPLOYER \_\_\_\_\_

**EMERGENCY CONTACT** (THIS PERSON WILL BE CONTACTED IF CHILD IS NOT PICKED UP BY 6:00 PM)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I assure that my child is in good health and I will assume responsibility for his/her health while attending Extended Day Program. I will provide my child with a nutritious snack. In case emergency service is required and parents cannot be reached, my child may be taken to the nearest emergency room.

Your signature below indicates your acknowledgment and agreement to all above statements and assurances.

Parent / Guardian Signature \_\_\_\_\_

Registration Fee of \$25 paid \_\_\_\_\_ Check # \_\_\_\_\_

Registration Fee is NON-REFUNDABLE, unless space is not available.