

HOLY FAMILY ELEMENTARY SCHOOL
AFTER SCHOOL PROGRAM APPLICATION
2021-2022

Child's Name _____ Age _____

Child's Grade _____ Teacher _____

Parent's Name _____

Home Phone #: _____ Cell Phone #: _____

Place of employment and phone number

Mother: _____ Work Phone #: _____

Father: _____ Work Phone #: _____

Please list name, address and phone number of people other than you to contact in case of emergency.

1. _____

2. _____

Allergies: _____

(Please note: After School personnel are not permitted to administer medicine. If your child needs medical assistance, you will be called to the school.)

Please list any other person that may pick up your child.

1. _____

2. _____

I am interested in having my child attend the after school activity program on the following days:

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

I need childcare until: _____.

Parent/Guardian Signature _____