

# St. Mary Gate of Heaven After-School Program

## Registration Form

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Allergies/Medical Conditions

### Persons who will pick up your child:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_