

Trinity Catholic School
Before/After Care Registration Form 2016-2017

Child's Name: _____ Grade: _____

Address: _____ Age: _____

Parent's Name _____ Home Phone: _____

Emergency Information

Mother's Work: _____ Work Phone: _____

Cell Phone: _____

Father's Work _____ Work Phone: _____

Cell Phone: _____

Emergency Contact - If Parents Can't Be Reached

Name _____ Phone: _____

Name _____ Phone: _____

Authorization to Release

Please Release only to the following individual(s) (other than parent) listed below:

Please Check Below Before/ After Care Use:

_____ AM – Approximate Drop-Off Time _____ PM – Approximate Pick-Up Time

_____ Indicate How Many Days A Week _____ Schedule Will Vary Week to Week

Child's Food Allergies: _____

Comments: _____

**** A \$25.00 Per Family Registration Fee Must Accompany This Form ****