

**SHEPHERD OF THE HILLS CATHOLIC SCHOOL
BEFORE AND AFTER SCHOOL CHILD CARE REGISTRATION**

NAME OF STUDENT	GRADE 09-10	DAYS (CHECK ALL THAT APPLY)					BEFORE SCHOOL		AFTER SCHOOL	
		M	T	W	TH	F	FROM	TO	FROM	TO
		[]	[]	[]	[]	[]				
		[]	[]	[]	[]	[]				
		[]	[]	[]	[]	[]				
		[]	[]	[]	[]	[]				
		[]	[]	[]	[]	[]				

PARENT INFORMATION

Is primary residence of the student with both parents? Yes _____ No _____

If the primary residence of the student is not with both parents, please fill out a Confidential Family/Student Information Form.

Father's Name _____

Mother's Name _____

Address _____

Address _____

City, Zip _____

City, Zip _____

Home Phone () _____

Home Phone () _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone () _____

Work Phone () _____

Cell Phone () _____

Cell Phone () _____

Email _____

Email _____

**For placement in Before and After School Child Care during the 2009-2010 school year,
complete and return this form, along with a \$25.00 family registration fee by March 31, 2009.**

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Relationship to Child _____ Phone (_____) _____

Alternate Phone (_____) _____

Alt. Emergency Contact Name _____

Relationship to Child _____ Phone (_____) _____

MEDICAL INFORMATION

List Any Allergies: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Restrictions: _____

A Medication Consent Form must be filled out for any medications administered while attending before and after child care.

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Print Name _____

Date _____

Signature _____