



AFTER SCHOOL CARE REGISTRATION

ST. MICHAEL SCHOOL – CRANFORD, NJ

Please print or type all information:

	<u>Child's Name</u>	<u>Age</u>	<u>Birth Date</u>	<u>Grade</u>	<u>Check After Care Days</u>				
1.	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
2.	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
3.	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
4.	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F

Parent/Guardian Information:

_____	_____
Father's/Guardian's Name	Mother's/Guardian's Name
_____	_____
Address	Address (if different)
_____	_____
City, State Zip	City, State Zip (if different)
()	()
_____	_____
Home phone	Home phone (if different)
()	()
_____	_____
Work phone	Work phone

Emergency Contact Information:

1. Name: _____ Phone Number: _____
 Relationship to child: _____

2. Name: _____ Phone Number: _____
 Relationship to child: _____

Approximate pickup time: _____

Who will be picking up your child: _____ Phone Number: _____
 Relationship to child: _____

There is a \$30 non-refundable registration fee due at the time of registration.
 Make check payable to *St. Michael School*.

Amount enclosed: _____
 Cash Check # _____

 Signature of parent(s) or guardian(s)

 Date