Aquinas Academy After-Day Program Registration Form

Please complete and return this form prior to attendance at the program.   A non-refundable $25 registration fee per family must be submitted along with the registration form.

Family Last Name: ____

Home Address: ____

Participation in the program will be: _______ days per week; _______ occasional

For each child, please give name, grade, and birthdate

First Name: ____________________ Grade: _____ Birthdate: _______________

First Name: ____________________ Grade: _____ Birthdate: _______________

First Name: ____________________ Grade: _____ Birthdate: _______________

Parents:

Mother's Name __________________ Cell # _______________ Home # ______________

Employer _________________________ Work Phone ___________________________

Father's Name __________________ Cell # _______________ Home # ______________

Employer _________________________ Work Phone ___________________________

Emergency Contact:

Name _______________________________ Home Phone _____________________

Relationship ___________________________ Cell Phone ________________________

Persons authorized for student dismissal other than parent:

Name _______________________________ Home Phone _____________________

Relationship ___________________________ Cell Phone ________________________

Name _______________________________ Home Phone _____________________

Relationship ___________________________ Cell Phone ________________________

Medical Information

Please indicate any allergies or medical conditions for your child:

In the event of an emergency, I authorize school personnel to seek emergency treatment at an emergency room. Passavant Hospital is the closest emergency department. It will be used unless the parent requests a different hospital location.

Parent signature: ________________________
Preferred Hospital: _________________________

Insurance Information:

Medical Insurer: ____

Policy # ____________________________________

Agreement/Group # _________________________________

I have read and agree to all the terms provided in the Aquinas Academy After-Day Program Handbook. I agree to the financial responsibilities set forth in enrolling my child in the program for either occasional or regular attendance.

Parent Signature:_______________________________ Date: ______________

Office Use:

Date: ______________ Registration Fee Paid ___________ Check # ___________