

# St. Aloysius Gonzaga School

4390 Bridgetown Rd. + Cincinnati, OH 45211 + 513-574-4035

## AFTER-SCHOOL CHILD-CARE PROGRAM REGISTRATION FORM

Children registering for the After-school Child-care Program must be enrolled at St. Al's for the same school year. The registration fee is \$30.00 per student and that fee must accompany this registration form.

Child's Name:

Child's Grade:  
(2011-2012)

Will **usually** attend:  
\*circle those that apply\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M T W Th F M-F  
M T W Th F M-F  
M T W Th F M-F

FATHER's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Father's phone:(home)\_\_\_\_\_ (work)\_\_\_\_\_ (cell)\_\_\_\_\_

MOTHER's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's phone:(home)\_\_\_\_\_ (work)\_\_\_\_\_ (cell)\_\_\_\_\_

CUST. GUARDIAN'S Name (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian's phone:(home)\_\_\_\_\_ (work)\_\_\_\_\_ (cell)\_\_\_\_\_

In case of emergency or illness, please provide additional contacts (*when parents cannot be reached*):

1. Name: \_\_\_\_\_ (best) Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ (best) Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Do any of the children named have a condition that may require medicine or medical treatment? This includes but is not limited to AD/HD medication, Asthma/Allergy Inhalers, Diabetes treatment, Allergy treatments, etc. Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date