

**2023-2024 SAINT MARK AFTER SCHOOL PROGRAM  
REGISTRATION FORM**

**Student Name**

**Grade**

**Date of Birth**

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**Address** \_\_\_\_\_

***Emergency Contact Information (Please list all and in order to call including all parents)***

**Name (please Print)**

**Relation to child(ren)**

**Phone number**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please List (print) all approved Family & Friends that may be picking up your child(ren), By listing them this gives the After School Program permission to release your child to them at pick up**

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**Registration fee: \$30 per child = \$\_\_\_\_\_ enclosed**

**Parent Signature** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

- I/We have elected to pay through FACTS
- I/We have elected to pay via cash or check via the Main Office

***Parent signature indicates that the family has read, understands, agrees, and will be held to the registration, tuition, and behavior policies of St. Mark School After School Program.***

**Primary Email Address (Please Print)** \_\_\_\_\_

***\*\*Incomplete registration forms will not be accepted***

## **Medical Information**

Child(rens) Name \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

List any allergies or special medical conditions(Please specify child if more than one): \_\_\_\_\_

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

## **Medical Release & Consent**

In case of emergency, I understand that every effort will be made to contact parents or guardians of my child(ren). In the event that I cannot be reached, I hereby give permission to the Physician, EMTs or Hospital to treat my child(ren).

\_\_\_\_\_  
Parent/Guardian's Name (Print)

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

Date \_\_\_\_\_

***\*\*Incomplete registration forms will not be accepted***