

**Immaculate Heart of Mary School**

**After School Program**

**Registration Form**

**Please complete the following form and attach your \$40.00 registration fee.** The after school program will start **Monday, September 10, 2018** Also attached please find important information regarding the program. **No child may attend the program without this information.**

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

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

**PLEASE LIST ANY IMPORTANT MEDICAL CONDITIONS:**

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

**Please complete the information below:**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

**Person Authorized To Pick Up Child:**

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

**In case of emergency, please list someone who should be contacted if you are unavailable:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**I acknowledge that the IHM after school program runs until 6:00pm, unless otherwise stated on the monthly calendar. If my child is still present in after school after the designated pick-up time, I will be charged \$25.00 per every 15 minutes thereafter.**

**Parent's Signature:** \_\_\_\_\_