

Immaculate Heart of Mary School

Before School Program

Registration Form

Please complete the following form. The before school program will start Monday, September 10, 2018. 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: \_\_\_\_\_

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