



St. Dominic
SCHOOL

Saint Watch

Before and After School Care Registration Form

Child Name: _____

Parent Names: _____

Birthdate: _____ Gender: M__ F__ Grade: _____

Address: _____

Home Phone Number: _____ Cell: _____

Emergency Contact #1: _____

Phone #: _____ Relationship to child: _____

Emergency Contact #2: _____

Phone #: _____ Relationship to child: _____

Health Issues (allergies, asthma, diabetes, seizures, medication): _____

Authorized people to pick up my child/ren:

DAYS & TIMES that my child will typically need after school care.

Please circle AM or PM.

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

**You will not be charged for days your child is not at Saint Watch.*

Parent Signature: _____ Date: _____