

**ST. FRANCIS DE SALES  
SCHOOL 2023/2024  
AFTER SCHOOL PROGRAM  
REGISTRATION**

***PLEASE PRINT CLEARLY AND RETURN THIS FORM WITH TO THE MAIN OFFICE  
A \$50 PER FAMILY REGISTRATION FEE WILL BE BILLED THROUGH FACTS***

Please register the following children for the 2023/2024 after school program:

Name \_\_\_\_\_ Grade 23/24 \_\_\_\_\_

Name \_\_\_\_\_ Grade 23/24 \_\_\_\_\_

Name \_\_\_\_\_ Grade 23/24 \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Email \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Father's Work # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Persons Authorized (other than parents) to pick up child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than parents) from 2:30pm – 5:30 p.m.:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are there any medical problems (e.g., allergies) we should be aware of?

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

**PLEASE CHECK ONE:**

\_\_\_\_ My child(ren) will be attending the after school program each week on the following days:

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday

\_\_\_\_ My child(ren) will attend the after school program \_\_\_\_\_ days per week but I cannot specify which days

\_\_\_\_ My child(ren) will attend the program occasionally but not on a regular basis.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_