



St. Michael School
After School Program
School year 2016-2017

Registration form/Consent for Treatment Form

Parent(s)/Guardian(s)

Name _____

Address _____

Children's name in program _____ (grade) _____

_____ (grade) _____

_____ (grade) _____

Schedule needed: Day(s) _____ Pick up time _____ As Needed _____

Phone number (____) _____ cell phone (____) _____ work phone (____) _____

Name of person(s), other than legal guardian(s) able to pick up child:

1. _____ Phone number _____
2. _____ Phone number _____
3. _____ Phone number _____

Family Physician _____ phone number _____

Family Dentist _____ phone number _____

Known allergies _____

Medications currently taken _____

My child is to be excused from doing homework at ASP Yes _____ No _____

Signatures of Parent(s)/Guardian(s) _____

Date _____

Revised Date _____ Additional person to pick up child _____

Signed _____