



St. Michael School  
After School Program  
School year 2019-2020

## 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 \_\_\_\_\_