



**After School Program  
Saint Anthony Catholic School  
2017-2018**

Last Name: \_\_\_\_\_

Children: (1) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
(2) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
(3) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
(4) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

People who have permission to pick up child(ren):  
**(ID REQUIRED)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Father's/Guardian's Name:

\_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's/Guardian's Name:

\_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Other contact (in case parents/guardians can not be reached)

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Allergies or other medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I do want my child(ren) to do their homework in the After School Program.

\_\_\_\_\_ My child(ren) can wait to do their homework at home with me.

Estimated pick-up time: \_\_\_\_\_