

**St Mary Magdalene School**  
**After School Registration**  
**2007-2008**

**A \$25.00 Registration fee is due with the application.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Anticipated Schedule for attendance in the After School Program: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_

Mother's email Address: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_

Father's email Address: \_\_\_\_\_

Emergency Contact and phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Medical information (allergies): \_\_\_\_\_

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List of authorized person(s) who may pick-up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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