

ST. MARY'S PARISH SCHOOL

Before-School & After-School Registration Form 2022-2023

Student's Name: _____ Grade: _____

Mother/Guardian: _____

Cell Number: _____ Work Number: _____

Email: _____

Father/Guardian: _____

Cell Number: _____ Work Number: _____

Email: _____

Others whom you give permission to pick up your student. (Please use back for more)

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Please list all medical concerns and allergies: _____

Is an Epi-Pen required for allergic reactions? Yes No

Our staffing is dependent on the number of children signed up for each day. Please be as specific as possible when choosing days needed:

Before School Required After School Required

Monday Tuesday Wednesday Thursday Friday

ASP Pick-up Times: _____

Before School Needed: _____

Attendance: Regularly Occasionally Emergency Back-up

In registering our child(ren) I agree to meet the financial commitment. Further, I agree to abide by the guidelines established in the afterschool program's handbook and recognize that failure to do so may result in the dismissal of the program.

Parent Signature

Date

St. Mary's Parish School • 35 Bartlett St. • Phone: 413.568.2388 • Fax: 413.568.7460
Westfield, Massachusetts 01085 • www.stmsaints.org

Revised: 8/03/22