

OUR LADY OF ASSUMPTION SCHOOL

Before and After Care Registration Form 2020-2021

Please Circle One: **Before Care only** **After Care only** **Before and After Care**

HOMEROOM TEACHER: _____

GRADE: _____

Student's Last Name: _____

Student's First Name: _____

Siblings Attending OLA:

Sibling: _____ Grade: _____ Attending Extension: Yes or No

Sibling: _____ Grade: _____ Attending Extension: Yes or No

Sibling: _____ Grade: _____ Attending Extension: Yes or No

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Father's Name: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Mother's Work Phone: _____

Father's Work Phone: _____

Mother's Email: _____

Father's email: _____

Other Adults Allowed To Pick Up Student(s).

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PLEASE LIST ANY ALLERGIES: _____ **MEDICAL CONDITIONS:** _____

EPI PEN: YES or NO

Special Instructions for Staff: _____

I have read and understand all the policies and procedures of the OLA Before/After School Care Program.

Parent/Guardian Signature: _____ Date: _____