

St. Mary School
Aftercare Student Information Sheet

Child (s) Name: _____

Grade: _____ Birthdate: _____

Parents: _____

Address: _____

Home Phone: _____

Mother's Place of Work/Phone: _____

Father's Place of Work/Phone: _____

Cell Phone Numbers: _____

Emergency Contact Number: _____

Medical Conditions/Special Needs/Food Allergies:

Persons Authorized to Pick Up Your Child:

Please note: NO ONE without proper authorization and identification will be allowed to pick up your child. This is for the child's safety.

Attendance Schedule: Full time: _____

Part time: _____

Drop in Basis: _____