ST. CYPRIAN'S BOYS SCHOOL (SCBS) AFTER-SCHOOL ACTIVITIES REGISTRATION FORM

Student Information

Student Name: _____

Date of Birth (DD/MM/YYYY): _____

Grade: _____

Home Address: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Does your child have any medical conditions?
☐ Yes ☐ No

If yes, please describe: _____

Is your child currently taking any medications?
☐ Yes ☐ No

If yes, please provide details: _____

Authorized Pick-Up

The following individuals are authorized to pick up my child:

Name: Relationship: Phone Number:

_____

Parent/Guardian Consent

I certify that the information provided on this form is accurate. I authorize the staff of the After-School Programme to seek emergency medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Office Use Only

Registration Date: _____

Programme Fee Paid: □ After School $260

□ After Care $240

Method of Payment:

THOSE REGISTERING MAY CONTACT THE OFFICE TO FACILITATE PAYMENT.

Staff Initials: _____