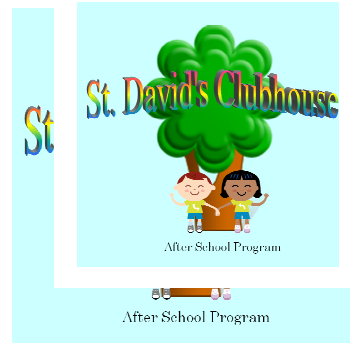


Saint David's Clubhouse
After School Program for Kindergarten – 5th Grade



CONTACT INFORMATION

Child's Name _____ Date of Birth _____
 Last First MI

School _____ Grade _____

Street Address _____ City, State, Zip _____

Mother/ Guardian _____ Phone _____ Alt Phone _____

Employer _____ Work Phone _____

Father/ Guardian _____ Phone _____ Alt Phone _____

Employer _____ Work Phone _____

Emergency Contact 1 _____ Phone _____ Relation to Child _____

Emergency Contact 2 _____ Phone _____ Relation to Child _____

PICK UP/DROP OFF LIST

Please note that only the parent or legal guardian and those authorized below will be allowed to pick up the registered child. Upon picking up your child, a photo I.D. might be required. Your child may not check themselves in or out.

I authorize the following adult-caregivers as allowed to sign my child in and out of Saint David's Clubhouse.

| | | |
|------------|-------------|-------------------------|
| NAME _____ | Phone _____ | Relation to Child _____ |
| NAME _____ | Phone _____ | Relation to Child _____ |
| NAME _____ | Phone _____ | Relation to Child _____ |
| NAME _____ | Phone _____ | Relation to Child _____ |

Parent/Guardian Signature

Print Name
Signature
Date