



St. Anthony Catholic School After Care Enrichment (ACE) Registration Form 2011-2012

****PLEASE NOTE-ACE REGISTRATION IS ONLY COMPLETE UPON THE SUBMISSION OF THIS ACE REGISTRATION FORM AND PAYMENT OF THE ACE REGISTRATION FEE**

Child's Name: _____

Grade: _____ Date of Birth: _____ Gender: _____ Male _____ Female

Home Address: _____

City: _____ State: _____ Zip: _____

Student's Home Phone: _____

_____ I will be using the ACE Program on a full-time basis.

_____ I will be using the ACE Program ONLY for early Wednesday dismissal.

Parents / Guardian Information:

Mother's Name: _____

Home Address (if different than above): _____

Business Name and Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____

Home Address (if different than above): _____

Business Name and Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent's Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed

(OVER)

Emergency Contacts:

In the event of an emergency and parents/guardians above are not available, please contact:

Name: _____ Phone Number(s): _____

Name: _____ Phone Number(s): _____

Medical Information:

Please list any special medical condition of which we should be aware:

Allergies: _____ Medications: _____

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Medical Release:

As the parent/guardian of _____, I hereby give my permission to St. Anthony After Care Enrichment (ACE) to seek medical treatment (private physician or hospital) or transportation for my child should any emergency arise. I understand that a conscientious effort will be made to locate parents or another emergency contact before any action will be taken.

Parent/Guardian

Date

Insurance Information:

Medical Insurance Company: _____

Phone Number: _____ Group Number: _____

Insured's Name: _____ Policy Number: _____

Persons Authorized to Pick Up Your Child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____