600 ST. JOSEPH PLACE WENATCHEE, WA 98801 PHONE: 509-663-2644 FAX: 509-663-8474

FAITH~EXCELLENCE~SERVICE

ST. JOSEPH CATHOLIC SCHOOL BEFORE AND AFTER SCHOOL PROGRAM

REGISTRATION FORM

Student Name:_____
Last First Middle

Date of birth_____ Sex_____ Grade/Teacher:_____

Allergies_____

Parent/Guardian Name:_____
Last First Relationship to Student

Home Phone#:_____ Work Phone #:_____

Cell Phone#:_____

Parent/Guardian Name:_____
Last First Relationship to Student

Home Phone#:_____ Work Phone #:_____

Cell Phone#:_____

List below persons other than parents or guardians authorized to pick up your child. Please attach pictures of these people to this form. We keep these pictures on file for identification. Any changes to this list must be received in writing.

_____
Name and Relationship to Child Address Phone Number

_____
Name and Relationship to Child Address Phone Number

_____
Name and Relationship to Child Address Phone Number

List any other emergency contacts:

_____
Name and Relationship to Child Address Phone Number