



Trinity Catholic School, Massena, New York
Before and After School Program
Registration Form

Child(ren) Names:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Mother's Name: _____ **Cell Phone:** _____
Work: _____ **Other:** _____
Email: _____

Father's Name: _____ **Cell Phone:** _____
Work: _____ **Other:** _____
Email: _____

Home Phone: _____
Student Address: _____

Emergency Contact other than Parents:

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell Phone:** _____
Other: _____

Any medical problems or limitations of which we should be aware? Please Explain:

I wish to enroll my child(ren) in the following programs:

_____ **Morning** _____ **Afternoon** _____ **Both Morning and Afternoon**

Please list those allowed to pick up your child(ren)

<u>Name</u>	<u>Phone</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

If there are any changes in this scheduling, a written form is required.