



Mary Queen of Peace School

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Mr. Nicholas Blazek, Principal
Father Doug Brown, Pastor

AFTER CARE PROGRAM – REGISTRATION FORM

I have read and agreed to page 1's After Care important information and expectations.

Parent/Guardian's Name _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Student's Name _____ Grade _____

Allergies _____

Medical Conditions _____

Please indicate the days you will need After Care on a weekly basis:

Monday

Tuesday

Wednesday

Thursday

Friday

Approximately, what time will the student be picked up daily:

3:00 – 4:00pm

4:00 – 5:00pm

5:00 – 5:45pm

Please list the name and phone number of those permitted, besides parent/guardian listed above to pick up the student from After Care. These people may also be contacted in case of an emergency and the parent/guardian is unreachable.

Name _____ Relationship to Student _____

Phone _____

Name _____ Relationship to Student _____

Phone _____

Name _____ Relationship to Student _____

Phone _____

Any additional people can be communicated with the After Care Supervisors and added accordingly.