



Mary Queen of Peace School

Pastor: Fr. Doug Brown

Principal: Mr. Nicholas Blazek

Vice Principal: Mrs. Jill Romano

4419 Pearl Road
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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 – 4:00 pm 4:00 – 5:00 pm 5:00 – 5:45 pm

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

Name _____ Relationship to Student _____

Phone _____

Name _____ Relationship to Student _____

Phone _____

Name _____ Relationship to Student _____

Phone _____