



Little Flower Catholic School

After School Care REGISTRATION FORM

Please complete ALL fields below:

| STUDENT INFORMATION | |
|---|---|
| Student Name: | Grade: |
| Address: | City, State, Zip: |
| Home Phone: | Birthdate: |
| PARENT / GUARDIAN INFORMATION | |
| **E- Mail address is required for Portal Access | |
| Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian | |
| Mother's/Guardian's Name: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | Father's/Guardian's Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. |
| Cell Phone Number: | Cell Phone Number: |
| Work Number: | Work Number: |
| If primary contacts are not able unavailable: | |
| Emergency Contact: | Phone Number: |
| Emergency Contact: | Phone Number: |
| Emergency Contact: | Phone Number: |
| Physician's Name*: | Physician's Phone Number: |
| Allergies: | Medical conditions/ Medications: |
| Children will ONLY be released to persons who are authorized in this form in writing by the parent(s) or legal guardian in the back of this form. | |
| *In case of an emergency 911 will be called and your child will be taken to the nearest hospital if deemed necessary. | |



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Please complete ALL fields below:

| Person(s) with permission to pick-up student: | | |
|---|---------|-------|
| Name | Address | Phone |
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| | | |

Terms of Agreement:
I as the parent/guardian of the student(s) attending the after-school care program agrees to pay Little Flower Catholic School a registration fee once a year per family and weekly/daily/late fee(s) as stipulated in LFCS After School Care informational document provided to me. There will be a monthly charge on the first of each month beginning September 2021 through May 2022.

Release of Liability:
I the undersigned, hereby grant my son(s)/daughter(s)/ward(s) _____ permission to participate in the Little Flower Catholic School/Church. By my signature, I hereby release and hold harmless the above-named school, their campus facilities and individual sponsor, including teachers, aids, administrators, principal/pastor from all liability for mishap of injury to my child while engaged in the activities of the program. It is understood that extensive precautionary measures will be taken during the program operation. I have read and agreed to follow the guidelines of Little Flower Catholic School Parent-Student Handbook during after school care program.

I as Parent/ Guardian of the student(s) registered herewith, agree to the aforementioned terms and certify, that the information provided is true and accurate.

| | |
|-----------------------------|-------|
| Parent /Guardian Signature: | Date: |
|-----------------------------|-------|



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