

Our Lady of Mt. Carmel Regional School
After School Registration Form 2015-2016

Student Name: (last) _____ (first) _____ Male/Female _____
Student Grade for 2015-2015 _____ Home Phone: _____
Date of Birth _____
Address: _____ Town: _____ Zip: _____

Mother/Guardian _____ Cell # _____

Address: _____

Employer: _____ Business # _____

Email _____

Father/Guardian _____ Cell # _____

Address: _____

Employer: _____ Business # _____

Email _____

Any allergies/ medical needs: _____

Family Physician _____ Phone: _____

Person(s) to notify in case of an emergency when unable to contact the parent/guardian:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____