

Our Lady of Mt. Carmel School

AFTERCARE REGISTRATION

Student Name: _____ Male/Female

Student Grade: _____

Student Address: _____

Mother/Guardian: _____ Cell # _____

Address: _____

Email: _____

Physical location traveling from prior to pick up: _____

Father/Guardian: _____ Cell # _____

Address: _____

Email: _____

Physical location traveling from prior to pick up: _____

Allergies/Medical needs: _____

Family Physician: _____ Phone #: _____

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

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____