



SAINT CATHARINE OF SIENA SCHOOL
 2330 Perkiomen Avenue
 Reading, PA 19606
 Phone: 610-779-5810

Please check box if there are any important allergy or medical information on back.

St. Catharine of Siena Aftercare Program
Registration/Emergency Form

Student's Name: _____ Date of Birth: _____ Grade _____
 Name: _____ Date of Birth: _____ Grade _____
 Name: _____ Date of Birth: _____ Grade _____

Address: _____

Home Phone Number: _____

.....
 Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Employer's Address: _____ Employer's Address: _____

Father's Work Number: _____ Mother's Work Number: _____

Father's Cell Phone Number: _____ Mother's Cell Phone Number: _____

.....
 In an emergency, if unable to reach the parents, please contact:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

RELEASE AUTHORIZATION

The following individuals are authorized to pick up my child(ren), _____
 _____, from St. Catharine of Siena School Aftercare Program:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I hereby understand that for the protection of my child(ren), he/she will not be given permission to leave our Aftercare Program with anyone not included on the above list. It is my responsibility to notify the school office, in writing, if any deletions or additions are to be made to this list.

****Please note that in the case of a divorce or separation, it is our legal obligation to release children to either parent except in the case of a court order stating otherwise.**

Parent's Signature: _____ Date: _____



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PLEASE FILL OUT FOR EACH CHILD

Student's Name: _____ **Grade** _____

Please list any medical condition that we should be aware of: _____

Is your child allergic to any medications? Yes No (If yes, please name medications below)

Is your child allergic to any foods? (If yes, please list) _____

Student's Name: _____ **Grade** _____

Please list any medical condition that we should be aware of: _____

Is your child allergic to any medications? Yes No (If yes, please name medications below)

Is your child allergic to any foods? (If yes, please list) _____

Student's Name: _____ **Grade** _____

Please list any medical condition that we should be aware of: _____

Is your child allergic to any medications? Yes No (If yes, please name medications below)

Is your child allergic to any foods? (If yes, please list) _____

In case of an emergency involving your child(ren), _____, and we cannot immediately locate one of you, the parents, do we have your permission to secure medical attention for him/her without involving the parish, school, or after care personnel in any financial obligation and further, do you waive and release any and all rights to claims or damages against St. Catharine of Siena School, Parish or Aftercare personnel as a result of any injury that might occur due to your child's participation in the After Care program?

Check one: Yes No

Parent's Signature: _____ Date _____

****This form must be filled out and signed for participation in the Aftercare Program****