



AFTER SCHOOL CARE FORM 2020-2021

**PLEASE FILL OUT AND RETURN THIS FORM TO THE SCHOOL OFFICE WHEN SCHOOL BEGINS.
(All families enrolled at Saint Mary's must have a form on file.)**

Please print

Home phone: _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Address: _____ Zip _____

Mother's name: _____ Father's name _____

Cell phone: _____ Cell phone: _____

Work phone: _____ Work phone: _____

Home phone: _____ Home phone: _____

Emergency contact if parents/guardian cannot be reached:

Name _____

Relationship _____ Phone _____

*Please list the name of anyone unauthorized to pick up your
child(ren): _____

What medical condition does your child have that would require special
attention: _____? Procedure to be followed (please be
specific): _____

Allergies: _____ Medication: _____

All students are expected to follow the Code of Conduct of Saint Mary Star of the Sea School at
all times.

Signature of parent or guardian _____

Date: _____

**Please note: ASC closes promptly at 5:30 p.m. There will be an additional charge of \$1/minute
per child after 5:30 p.m.**