

First Name

Last Name

Number of children who will be attending

Ages *

Please list any other children that will be attending. *

From time to time throughout the school year, the After-School Program staff, may photograph or video tape students during activities. According to copyright law, we need your permission to video tape or photograph your child. These tapes or pictures are usually saved and maybe used occasionally in print or on the website. *

Yes - staff of St. Edward After School Program has my permission to video/photograph my child during the school year.
No - I prefer not to have my child video/photographed at the St. Edward After School Program.

Household / Adult Primary Contact

Mother's First Name *

Mother's Last Name *

Number that you can be reached.

Father's First Name *

Father's Last Name *

Number where you can be reached *

Please list an email to send parent letters, school closings, etc. *

Please List ALL other authorized individuals that are allowed to pick up your child (ren) from the St. Edward's After School Program. If you need more room include any additional names and numbers on a separate paper. *

0/35 characters

Please estimate the days and times your child will attend. *

Monday	Tuesday
Wednesday	Thursday
Friday	

Approximate times *

Signature *