

St. Catherine's Preschool Before and After School Program  
Registration and Emergency Permission Form 2022-2023

Students Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Note Any Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Only these people have my permission to pick up my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_ Car Type/Color: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_ Car Type/Color: \_\_\_\_\_

**To be filled out by office:**

Registration Fee Paid \_\_\_Y \_\_\_N      Check # \_\_\_\_\_ Amt Paid \$\_\_\_\_\_ Date Paid \_\_\_\_\_

Cash \$ \_\_\_\_\_

\*\*Payment for each month will go through FACTS, due on the 1<sup>st</sup> of each month.\*\*