



# ST. PATRICK CATHOLIC SCHOOL

4142 N. 61<sup>st</sup> Street, Lincoln, Nebraska 68507 (402) 466-3710

## ST. PATRICK SCHOOL BEFORE AND AFTER SCHOOL REGISTRATION FORM

Child(ren)'s Name \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Birthdate(s): \_\_\_\_\_

Parent or Guardian's Home Address and Employment Address:

Father (or Guardian)

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

Mother (or Guardian)

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

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

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

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

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached:

(ONE NAME MUST BE GIVEN AND IT CANNOT BE YOURSELF)

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

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

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

**One Per Family**