



School Age Program

REGISTRATION FORM

SECTION 1 - CHILD INFORMATION

Child's Name	Date of Birth	Start Date
Home Address	Postal Code	Phone

GUARDIAN #1 INFORMATION

Guardian Name	Email address	
Employer	Occupation	Cell Phone Number
Work Address	Postal Code	Business Phone
Parent/Guardian Address (if different from child's)		Home Phone

GUARDIAN #2 INFORMATION

Guardian Name	Email address	
Employer	Occupation	Cell Phone Number
Work Address	Postal Code	Business Phone
Parent/Guardian Address (if different from child's)		Home Phone

SECTION 2 - List 3 Emergency Contacts Authorized to Take Child From the Program:

Name	Name	Name
Cell	Cell	Cell
Other Phone Number	Other Phone Number	Other Phone Number

Sign Grant Permission to Provide First Aid & Transportation to Emergency Care Facilities:

Date	Signature
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I give permission to St. Peter SAP to take photographs/videos of my child and to use them in classroom or center displays and/or during promotional events. I understand my child's photo will not be placed on the website or used in formal promotional materials (i.e. brochures, commercials) without my separate written consent.

Date	Signature
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