

**CREATIVE KIDS CLUB  
ST CROIX CATHOLIC SCHOOL  
Stillwater MN 55082**

621 South Third Street

(651) 439-5581

**BEFORE AND AFTER SCHOOL CARE REGISTRATION FORM**

School Year \_\_\_\_\_ Date \_\_\_\_\_

**Student's Name** \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mother/Guardian's Name _____				
Does child live with Mother/Guardian? _____				
Mother/Guardian's Address _____				
Street	City	State	Zip	
Home Telephone _____				
Place of Employment _____				
Work Telephone _____				
Other Telephone/Pager Numbers _____				
If child does not live with Mother: Should we contact in emergency? Yes ____ No ____				

Father/Guardian's Name _____				
Does child live with Father/Guardian? _____				
Father/Guardian's Address _____				
Street	City	State	Zip	
Home Telephone _____				
Place of Employment _____				
Work Telephone _____				
Other Telephone/Pager Numbers _____				
If child does not live with Father: Should we contact in emergency? Yes ____ No ____				

Please list **ALL** persons authorized to pick up student from Creative Kids Club: *(Please include all emergency contact persons on this list.)*

_____	_____
_____	_____
_____	_____

Please list anyone who is **NOT** authorized to pick up student \_\_\_\_\_

**(OVER)**

**Emergency contact** (Please list three contacts) - In the case of Emergency when parents cannot be reached these persons can be called.

1. Contact person \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Address \_\_\_\_\_

2. Contact person \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Address \_\_\_\_\_

3. Contact person \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Address \_\_\_\_\_

Instructions In Event of Emergency Early School Closing: \_\_\_\_\_

\_\_\_\_\_

Student's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Special Health Considerations \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_