

**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 _____
