

**Christ the King Catholic School
After-Care Program Registration Form
2007-2008**

Family Name: _____

Home Address: _____

Home Phone: _____

Cell Phone 1 (Name & Number) _____

Cell Phone 2 (Name & Number) _____
(Please print clearly)

Fees Paid: _____
Date Paid: _____
Check # _____

Student Last Name	Student First Name	Grade in '07- '08
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Has your child been in day care before? Yes ___ No ___ If not at CKS, where? _____

Please check one of the following:

<input type="checkbox"/> Full time (every day, 6:00 PM latest pickup time)	<input type="checkbox"/> Occasional use, (6:00 PM latest pickup time)	<input type="checkbox"/> Daily or on occasion, (3:45 PM latest pickup time. Strictly observed for \$5 rate!)	<input type="checkbox"/> 1:00 PM Dismissals only
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If part time, please indicate which days or how often you anticipate using the After-Care Program:

Persons authorized to pick up my child/ren:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

4. _____ Relationship _____ Phone _____

Persons not authorized to pick up my child/ren:

1. _____ Relationship _____

2. _____ Relationship _____

Parent or Guardian Signature

Date