

# HOBOKEN CATHOLIC ACADEMY

## AFTER CARE ENROLLMENT

*Please Print*

Child's Name

Grade

Allergies

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please provide phone numbers for contacting parent/guardian between dismissal and 6:00 p.m.

1) Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

In the event of an emergency, whom should we call if we are unable to reach you?

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Who is authorized to pick your child up from After Care?

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

Until what time will your child be in After Care on most days? \_\_\_\_\_

*\*Please read and sign below*

I understand that my child may be suspended from After Care Program for the following reasons:

- Repeated misbehavior
- Non-payment of Morning Care fees.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_