

Our Lady of Mt. Carmel Regional School  
After School Registration Form 2017-2018

Student Name: (last) _____ (first) _____ Male/Female
Student Grade for 2017-2018 _____ Home Phone: _____
Date of Birth _____
Address: _____ Town: _____ Zip: _____

Mother/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business # \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business # \_\_\_\_\_

Email \_\_\_\_\_

Any allergies/ medical needs: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) to notify in case of an emergency when unable to contact the parent/guardian:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_