

Our Lady Queen of Martyrs Catholic Academy

AFTER SCHOOL PROGRAM REGISTRATION FORM

Please print all information.

Student's Name _____

Grade _____

Address _____

Allergies _____

Known Medications _____

Mother's Cell # _____

Mother's Work # _____

Father's Cell # _____

Father's Work # _____

Emergency Contact _____

Emergency Contact # _____

I give the following person permission to pick-up my child
from the OLQMCA After School Program:

Name _____

Relationship to student _____

Cell # _____

Parent's Signature _____

I give the following person permission to pick-up my child
from the OLQMCA After School Program:

Name _____

Relationship to student _____

Cell # _____

Parent's Signature _____