

**Good Shepherd Catholic School  
K-8 Aftercare Registration 2018-19**

**Child #1** \_\_\_\_\_ **Grade** \_\_\_\_\_

Is your child currently on any medication\*? If yes, please list medication(s) and dosage and explain usage of the medication(s) \_\_\_\_\_

Please list any allergies \_\_\_\_\_

**Child #2** \_\_\_\_\_ **Grade** \_\_\_\_\_

Is your child currently on any medication\*? If yes, please list medication(s) & dosage and explain usage of the medication(s) \_\_\_\_\_

Please list any allergies \_\_\_\_\_

**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

*Phone numbers where you may be reached during the hours of 2:15-5:30pm:*

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Mobile #** \_\_\_\_\_ **Mobile#** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

**Who else may pick up your child/ren?** \_\_\_\_\_

**What time do you expect to usually pick up your child/ren in the afternoon?** \_\_\_\_\_

**Days of the week child/ren will attend Aftercare:** \_\_\_\_\_

**Skills I would like for my child/ren to develop:** \_\_\_\_\_

**Comments/Other Information:**

*\*If we are to administer medication, it must be in the original bottle with dated note stating when to administer and dosage.*