

St. Mary of the Purification Catholic School

Aftercare Enrollment Form

First Student _____ Grade _____
Second Student _____ Grade _____
Third Student _____ Grade _____

Mother/Guardian Information

Name _____
Address _____
City State Zip Code
Home Phone Number _____ Work Phone Number _____
Cellular Phone Number _____
E-Mail Address _____

Father/Guardian Information

Name _____
Address _____
City State Zip Code
Home Phone Number _____ Work Phone Number _____
Cellular Phone Number _____
E-Mail Address _____

The child lives with _____ Mother _____ Father _____ Both _____ Other

In case of emergency whom should we contact first _____

List persons who are authorized to pick up your child/children:

Name	Home Number	Work Number	Cellular Number	Relationship
------	-------------	-------------	-----------------	--------------

Name	Home Number	Work Number	Cellular Number	Relationship
------	-------------	-------------	-----------------	--------------

