

Little Buds Kid Care

Parish # _____

Aftercare program @ St. Bonaventure Catholic School

A Credit Card Authorization form must accompany this registration form

Childs Name _____

Grade _____

Grade _____

Primary Contact Person (parent or legal guardian)

First Name _____

Last Name _____

Cell Number _____

Address _____

City, State, Zip _____

Place of Employment _____

Business Phone _____

Secondary Contact Person

First Name _____

Last Name _____

Cell Number _____

Place of Employment _____

Business Phone _____

Child lives with: Both Parents Mother Father Guardian

Please list any medications your child may take

Are there any physical conditions and/or allergies
of which we should be aware?

Emergency contacts, if primary and secondary contacts are unavailable.

Name _____

Relationship _____

Contact Number _____

Name _____

Relationship _____

Contact Number _____

Name _____

Relationship _____

Contact Number _____

Persons authorized to pick up student: Under no circumstances will a child be released to anyone who has not been authorized in writing by the parent or guardian. Please be advised that when you pick up your child, you must show identification and sign your child out. No child will be released to anyone without proper identification and signature of an authorized person.

Authorized to Pick child _____

Authorized to Pick child _____

Authorized to Pick child _____

Authorized to Pick child _____

Persons not allowed to pick up child, please list below.

If a parent is not allowed to pick up child, please attach necessary legal documentation.