



2023-24
OUR LADY OF THE ELMS
AFTER SCHOOL CARE PROGRAM
REGISTRATION FORM

Child's name: _____

Child's birth date (month/day/year): _____ Age: _____

Address: _____

Phone: _____

Are there any special problems of which we should be aware? If so, please state:

Medical: Because of having daily snacks, please list any food allergies:

If there is any additional information that will help us in understanding your child:

Please note: The Emergency Medical form that you fill out for the school will be copied and kept on file. If any of the information changes throughout the school year, please notify the school office immediately.