

Holy Angels School
After Care Registration
2012-2013 School Year

A separate registration form is required for each student.

Student Information

Name:	Grade:
Preferred Nickname:	Date of birth:
Primary address:	Secondary address (if applicable):
Medical conditions, allergies, medications:	Name and phone number of regular physicians:
Medical insurance carrier name, phone number, and group number:	Other pertinent information:

Father's Information

Name:	Name and address of employer:
Home Address:	Days and hours typically worked:
Home telephone #:	Work telephone #:
Cell telephone #:	Other information:

Mother's Information

Name:	Name and address of employer:
Home Address:	Days and hours typically worked:
Home telephone #:	Work telephone #:
Cell telephone #:	Other information: