



ST. DAVID'S SCHOOL
2011-2012 After-School Care Registration

Please return your registration form to the Division Office by August 8, 2011

Please circle one of the following: **Annual Participant** **Drop-in Participant**

Student(s) _____

Grade & teacher/advisor _____ Expected routine pickup time _____

Mother/Guardian _____

Cell # _____ Work # _____ Home # _____

Father/Guardian _____

Cell # _____ Work # _____ Home # _____

Email (required): _____

(your ASC bill will be added to your student account though the Business Office)

Emergency Contact (required): _____

Cell # _____ Alt # _____

Persons other than Parents/Guardian who may pick up student:

1 _____ Cell # _____ Alt # _____

2 _____ Cell # _____ Alt # _____

3 _____ Cell # _____ Alt # _____

4 _____ Cell # _____ Alt # _____

Allergies & other helpful information:

Parent/Guardian signature _____ **Date** _____

Questions? Please contact ASC Director Tammi Palpant at tpalpant@sds.org.