

**Corpus Christi – Holy Rosary School**

135 South Regent Street  
Port Chester, New York 10573  
(914) 937-4407

**AFTER SCHOOL CARE**

(School Year 2009-2010)

I would like my son/daughter to be enrolled in the Aftercare Program at Corpus Christi – Holy Rosary School. I understand that the program is from dismissal through 5:30 PM the latest.

\_\_\_\_\_  
**Student's Name (Please print) Grade**

\_\_\_\_\_  
**Mother's Name Phone number**

**WORK#** \_\_\_\_\_ **CELL#** \_\_\_\_\_

\_\_\_\_\_  
**Father's Name Phone number**

**WORK#** \_\_\_\_\_ **CELL#** \_\_\_\_\_

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Emergency names and phone numbers – **EXTREMELY IMPORTANT THAT ALL NUMBERS ARE CURRENT:**

1. Name: \_\_\_\_\_ Phone# \_\_\_\_\_

(Relationship to child): \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone# \_\_\_\_\_

(Relationship to child): \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_

(Relationship to child): \_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

If someone other than a parent is picking up your child, please list his or her name below:

1. \_\_\_\_\_  
**Name (please print) Relationship**

2. \_\_\_\_\_  
**Name (please print) Relationship**

**ALL CHANGES IN PHONE NUMBERS NEED TO BE REPORTED IMMEDIATELY.**