

**ST. THOMAS AQUINAS AFTER SCHOOL PROGRAM  
ATTENDANCE/EMERGENCY FORM 2005-2006**

*(Please print all information)*

**FAMILY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

<b>CHILD'S NAME</b>	<b>GRADE</b>	<b>CHILD'S NAME</b>	<b>GRADE</b>
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1 _____	_____	3 _____	_____
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2 _____	_____	4 _____	_____
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**FATHER'S NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**EMERGENCY INFORMATION:**

**NAME** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**ADDITIONAL AUTHORIZED PEOPLE TO PICK UP MY  
CHILD/CHILDREN FROM THE AFTER SCHOOL PROGRAM.**

**NAME** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_