

Dear Parents,

Kateslem After School Program requires parental permission and registration for students who wish to participate. The form below gives your child permission to attend the Kateslem After School Program. Please sign form below and return with completed registration form. Please be advised that the Executive Director will contact parents when the form is received to confirm all information is accurate.

Karyn Bell  
Executive Director  
Kateslem Youth Society

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**My child will be attending:**

**Everyday** \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**At dismissal:**

\_\_\_\_\_ I will be picking up my child from club.

\_\_\_\_\_ My child will be walking home from club.

I give permission for \_\_\_\_\_ to attend, Kateslem After School Program.  
(child's name)

Parent or Guardian's Name: \_\_\_\_\_  
(please print)

Parent or Guardian's Signature: \_\_\_\_\_

# KATESLEM AFTER SCHOOL PROGRAM REGISTRATION FORM

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## **MEMBER INFORMATION** – PLEASE PRINT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Care Card Number: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

## **MEDICAL INFORMATION:**

Please list any medical concerns/allergies:

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Please list any diet restrictions:

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## **PARENT INFORMATION:**

### **MOTHER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### **FATHER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is there a custody order in place that would affect supervision at the program? No  Yes  (explain briefly)

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## **EMERGENCY CONTACT** – Please provide the name and address of 2 alternate emergency contacts.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_