

# The Cardinal's Nest

## Holy Rosary After-School Care

### REGISTRATION FORM



Name of Child(ren) (last name, first name)	Grade	Days of Care (circle the days you will need care)	Estimated Daily Pick-Up Time
		M   T   W   H   F	
		M   T   W   H   F	
		M   T   W   H   F	
		M   T   W   H   F	
<b>Resides with:</b> Mother   Father   Both   Other _____			
<b>MOTHER/GUARDIAN INFORMATION</b>		<b>FATHER/GUARDIAN INFORMATION</b>	
Name _____		Name _____	
Work Phone _____		Work Phone _____	
Cell Phone _____		Cell Phone _____	
Email _____		Email _____	
<b>EMERGENCY &amp; AUTHORIZATION INFORMATION</b>			
<b>Family Doctor</b>		<b>Family Dentist</b>	
Name _____		Name _____	
Address _____		Address _____	
Phone _____		Phone _____	
<b>AUTHORIZED PERSONS:</b> Other than parents/guardians, persons authorized as emergency contacts and have permission to take the child(ren) from the Cardinal's Nest After-School Program include:			
<b>Authorized Person #1</b>		<b>Authorized Person #2</b>	
Name _____		Name _____	
Phone _____		Phone _____	
Relationship to child(ren) _____		Relationship to child(ren) _____	
<b>Authorized Person #3</b>		<b>Authorized Person #4</b>	
Name _____		Name _____	
Phone _____		Phone _____	
Relationship to child(ren) _____		Relationship to child(ren) _____	
<b>Please note Food Allergies or other Medical Concerns here. If necessary, attach appropriate documentation.</b>			

I have read & understand The Cardinal's Nest procedures outlined on the "Information Sheet". \_\_\_\_\_ (please initial)

\*Please submit the completed registration form to the School Office or mail to: Holy Rosary School, Attn: Cardinal's Nest Program, 1043 Lake Ave., Detroit Lakes, MN 56501.