

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	
Resides with: Mother Father Both Other _____			
MOTHER/GUARDIAN INFORMATION		FATHER/GUARDIAN INFORMATION	
Name _____		Name _____	
Work Phone _____		Work Phone _____	
Cell Phone _____		Cell Phone _____	
Email _____		Email _____	
EMERGENCY & AUTHORIZATION INFORMATION			
Family Doctor		Family Dentist	
Name _____		Name _____	
Address _____		Address _____	
Phone _____		Phone _____	
AUTHORIZED PERSONS: 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:			
Authorized Person #1		Authorized Person #2	
Name _____		Name _____	
Phone _____		Phone _____	
Relationship to child(ren) _____		Relationship to child(ren) _____	
Authorized Person #3		Authorized Person #4	
Name _____		Name _____	
Phone _____		Phone _____	
Relationship to child(ren) _____		Relationship to child(ren) _____	
Please note Food Allergies or other Medical Concerns here. If necessary, attach appropriate documentation.			

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.