

2010-2011  
OUR LADY OF THE ELMS  
AFTER SCHOOL PROGRAM  
REGISTRATION FORM

Child's name: \_\_\_\_\_

Child's birth date (month/day/year): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there any special problems of which we should be aware? If so, please state:

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Medical: Because of having daily snacks, please list any food allergies:

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If there is any additional information that will help us in dealing and understanding your child:

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Please note: The Emergency Medical form that you fill out for the school will be copied and kept on file. If any of the information changes throughout the school year, please notify the school office immediately.