



SAINT BERNARD'S
ELEMENTARY SCHOOL
— Founded in 1886 —

After School Program Registration Form 2023-2024

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Address _____

Mother's Name _____

Cell Phone _____ Work Phone _____

Email _____ Email _____

Father's Name _____

Cell Phone _____ Work Phone _____

*People who can be contacted who can assume responsibility and transportation of your child/children in case of illness or if a parent is not available. **Only people listed on this form will be allowed to pick up your child/children from the ASP.***

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In case of accident or illness and I cannot be reached at any of the contact information above, I authorize the After School Program staff to arrange emergency transportation to Leominster Hospital/Health Alliance ER.

Family Physician _____ Phone _____

Parent/Guardian Signature _____ Date _____

Health Problems/Allergies of which we should be aware:

