**St. Joseph’s Catholic School**

The 4:13 Club

Afterschool Program Application

Child’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Gender: **M F** Grade:\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: **English Spanish Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Lives With: Mother\_\_\_\_\_\_ Father \_\_\_\_\_\_ Both \_\_\_\_\_\_ Foster \_\_\_\_\_\_ Legal Guardian \_\_\_\_\_\_

**Please check any of the following conditions/needs that pertain to your child:**

|  |  |  |
| --- | --- | --- |
| Allergy | Asthma | Diabetes |
| EpiPen | Hearing | Inhaler |
| Special Needs | Vision  | Other: |
| IEP | Behavior Plan |  |
| Medications:  |

**Emergency Contacts/Authorized List for Pick-Up**

**(MUST SHOW PHOTO I.D. AND BE AT LEAST 12 YEARS OF AGE)**

|  |  |  |
| --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **PHONE #** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

Does The 4:13 Club have permission to use photos of your child for program-related materials? **YES NO**

Does your child have permission to participate in walking field trips throughout the 2019-2020 school year? **YES NO**

**Any other information we should know about your child?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

FOR OFFICE USE ONLY

Enrollment Date:

Withdrawal Date:



“I can do all things in Him who strengthens me.”

 Philippians 4:13