

INFANT JESUS SCHOOL
Before/After School Program
3 Crown Street, Nashua, NH 03060

603-889-2649/603-883-8978 after 3:00 p.m.

REGISTRATION FEE \$20.00 PER FAMILY TO ACCOMPANY THIS FORM 2015-2016

REGISTRATION INFORMATION

PARENTS/GUARDIANS: _____

ADDRESS: _____

City: _____ State: _____ ZIP: _____

E-Mail address for invoicing purposes _____

FATHER'S CELL PHONE _____ MOTHER'S CELL PHONE _____

FATHER'S EMPLOYER _____ PHONE: _____

MOTHER'S EMPLOYER: _____ PHONE: _____

NAME(S) OF CHILDREN NEEDING PROGRAM:

HOMEROOM

PLEASE LIST ALL PERSONS ALLOWED TO PICK YOUR CHILD(REN)

(You must include Parents/Guardian names if they will be picking up)

_____ RELATIONSHIP: MOTHER

_____ RELATIONSHIP: FATHER

_____ PHONE _____ RELATIONSHIP _____

_____ PHONE _____ RELATIONSHIP _____

PLEASE LIST ALL PERSONS WHO SHOULD **NOT PICK UP YOUR CHILD(REN)**

_____ PHONE _____ RELATIONSHIP _____

_____ PHONE _____ RELATIONSHIP _____

_____ PHONE _____ RELATIONSHIP _____

PERSON RESPONSIBLE FOR PAYMENT, IF DIFFERENT THAN PARENTS/GUARDIAN

NAME & ADDRESS _____

NOTE: special arrangement for individual/emergency need will be made after personal dialogue with the Principal. Circumstances that warrant legal arrangement must be made known to the school, along with documents.

OVER
PLEASE

**IF PARENTS/GUARDIANS CANNOT BE REACHED, WHO SHOULD BE CALLED IN
CASE OF EMERGENCY?**

1. NAME: _____ HOME PHONE: _____
RELATIONSHIP: _____ CELL PHONE: _____
2. NAME: _____ HOME PHONE: _____
RELATIONSHIP: _____ CELL PHONE: _____

**WHICH DOCTOR, HOSPITAL OR URGENT CARE CLINIC SHOULD BE CALLED IN
AN EMERGENCY?**

1st CHOICE _____ PHONE _____

2ND CHOICE _____ PHONE _____

HOSPITAL _____

PLEASE LIST ANY:

ALLERGIES: _____

OTHER CONDITIONS: _____

(The final decision for action will be the judgment of school authorities. In any of the above is changed, please contact the Principal in writing as soon as possible. Thank You!)

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

**BY SIGNING THIS FORM YOU GIVE YOU PERMISSION FOR EMERGENCY
MEDICAL TREATMENT OF YOUR SON/DAUGHTER.**