



**ST. MARK  
THE  
EVANGELIST  
SCHOOL**

## **AFTER SCHOOL SIGN UP FORM 2015-2016**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER:  Male  Female

MOTHER'S NAME: (please print legibly) \_\_\_\_\_

CELL: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FATHER'S NAME: (please print legibly) \_\_\_\_\_

CELL: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **EMERGENCY CONTACTS AND PEOPLE AUTHORIZED TO PICK UP STUDENT:**

Please list individuals we may contact in the event of an emergency. If necessary, please use back of sheet to add additional emergency contacts for your child in the same format.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALLERGIES & MEDICAL CONDITIONS: \_\_\_\_\_

### **PARENT HANDBOOK**

I have read the 2015 – 2016 After School Parent Student Guide. I am aware of the policies and information contained therein. I understand that if circumstances arise during the course of the year, this handbook and its appendices may be amended. If amended, I will receive appropriate notification.

PARENT NAME (please print): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_