



**St. John Paul II Classical School  
 BASIC (Before- and After-School Individual Care)  
 Registration Form 2021-22**



**Family Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_

*(Please note: Monthly billing statements will be sent to this email along with pertinent BASIC communication. Please provide us with an email address that is checked regularly.)*

<u>Child</u>	<u>Name &amp; Grade</u>	<u>Child</u>	<u>Name &amp; Grade</u>
(A)	_____	(C)	_____
(B)	_____	(D)	_____

**Parents/Guardian Information:**

	Name (First & Last)	Home Phone	Cell Phone	Work Phone
<b>Mother</b>				
<b>Father</b>				
<b>Guardian/Other</b>				
<b>Parent's Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____				

Persons (including parents) authorized to pick up child(ren):

Name	Relationship to Child	Best Contact Phone #	Emergency Contact?	
			Yes	No
			Yes	No
			Yes	No

Please note any custody arrangements or restrictions. Attach p/u schedule if applicable: \_\_\_\_\_

---

---

Please list other information that we should be aware of, such as food/drug allergies, foods to avoid, special or behavioral needs. PLEASE BE SPECIFIC (feel free to attach additional forms):

---

---

---

---

I give my permission for staff of St. John Paul II Classical School to seek treatment, in the case of an emergency, for my child(ren). My preferred hospital is \_\_\_\_\_ but I understand that in the event of an emergency, another hospital may have to be utilized.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**An annual registration fee of \$25 per family is required.**

\_\_\_\_\_ I have enclosed \$25 (check made out to GRACE or cash) for my family's annual BASIC registration fee.