Holy Cross School

300 Dubuc Street, Winnipeg, MB, R2H 1E4
Voice (204) 237-4936, Fax (204) 237-7433
Principal: jtalaga@holycrossschool.mb.ca

Before & After School Program
Registration Form 2012-2013

Families of all participants in the Before & After Program must complete this Registration Form before a student can be admitted in to the Program.

Student's Name: _____ _____ _____
Last First Middle

Student's Address: _____ _____
Apartment #, Street #, Street, City Postal Code

Home Phone Number: _____ Birth Date: _____ _____ _____
Year Month Day

Gender: ☐ Male ☐ Female Grade: _____

Name of Mother/Step Mother/Caregiver/Foster Mother:
_____

Address if different from Student's Address:
_____

Business Phone:
_____

Cell Phone Number:
_____

Name of Father/Step Father/Caregiver/Foster Father:
_____

Address if different from Student's Address:
_____

Business Phone:
_____

Cell Phone Number:
_____

In case of emergency when the parent/caregiver cannot be reached, the emergency contacts are:

Name	Relationship to Student	Home Phone #	Business Phone #
1._____	_____	_____	_____
2._____	_____	_____	_____

Names of persons other than parent/caregiver who may on occasions pick up the student(s).

Name	Relationship to Student	Home Phone #	Business Phone #
1._____	_____	_____	_____
2._____	_____	_____	_____

_____ _____
Parent/Caregiver Signature Date