



Holy Cross School

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Before & After School Program Registration Form 2026-2027

PLEASE ENSURE YOUR CHILD HAS A WATER BOTTLE FOR USE (no cups provided)
Families of all participants in the Before & After Program must complete this Registration Form before a student can be admitted into the Program. This pertains to the cafeteria open area with supervision.

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 Name of Father/Step Father/Caregiver/Foster Father

Address if different from Student's Address Address if different from Student's Address

Business Phone: _____ Business Phone: _____

Cell Phone Number _____ 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