

Crown of Life Lutheran School After School Care Program Registration

115 Crusader Ave. | W. St. Paul MN 55118 | 651-451-3832

Note: A \$20 administrative fee per child is due upfront.
Please make all checks payable to "Crown of Life Lutheran School."

Names of Children

Last Name	First Name	Date of Birth	Gender M/F	Grade

Primary Address _____ City / Zip _____

Primary Phone # _____

Father's Name _____ Father's Cell Phone# _____

Father's Work Phone# _____

Mother's Name _____ Mother's Cell Phone # _____

Mother's Work Phone # _____

Non-custodial Parent Name _____ Phone # _____

Address _____ City/Zip _____

Additional person picking up student _____ Phone # _____

Relationship to student _____

Additional person picking up student _____ Phone # _____

Relationship to student _____

List any medical issues we should be aware of: _____

****If your child needs an inhaler, epi-pen or medication, these items must be provide to the After School Care program. The meds from the school office CANNOT be used.**

Signature of Parent or Guardian

Office Use Only

Registration Fee Paid – Check # / Cash _____ Amount pd. _____

Initials _____