

# The OLQMCA After School Program

## Signature Agreement Page for Parents and Students

I have read and agree to the conditions of the OLQMCA After School Program rules and regulations stated in this document.

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Student's signature

Date

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Student's signature

Date

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Student's signature

Date

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Parent's signature

Date

# OLQMCA AFTER SCHOOL PROGRAM REGISTRATION FORM

Please print clearly.

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

Known Medications \_\_\_\_\_

Mother's Cell # \_\_\_\_\_

Mother's Work # \_\_\_\_\_

Father's Cell # \_\_\_\_\_

Father's Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Grade \_\_\_\_\_

I give the following person permission to pick-up my child from the OLQMCA After School Program:

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Cell # \_\_\_\_\_

Parent's Signature \_\_\_\_\_

I give the following person permission to pick-up my child from the OLQMCA After School Program:

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Cell # \_\_\_\_\_

Parent's Signature \_\_\_\_\_