

All Saints Catholic Academy
19 West 13th Street
Bayonne, NJ 07002
After Care Program 201-628-4636

September 1, 2009

Dear Parents:

If you are interested in the **Before** and/or **After Care** for your child/children, please fill out this form. We need one for each child.

Thank you,

Sister Madeline Sarli, SSJ
Vice-Principal

Child's name: _____

Address: _____

Phone #: _____

Mother's name: _____

Work #: _____ Cell #: _____

Father's name: _____

Work #: _____ Cell#: _____

Emergency Information:

Name of Physician: _____

Address: _____

Phone #: _____

Problems/Allergies we should be aware of:

Emergency contact person:

Name: _____

Relationship: _____

Names of persons picking up your child: _____
