

St. Edward School  
2018/2019  
Creative Corner Registration Form

Student's Last Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Business Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Business Number: \_\_\_\_\_ Extension: \_\_\_\_\_

| Child's Name (Last, First) | Grade | Room Number |
|----------------------------|-------|-------------|
|                            |       |             |
|                            |       |             |
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|                            |       |             |
|                            |       |             |

Creative Corner will begin on Monday, August 20, 2018.

Creative Corner will be available from 3:00-6:00pm on all FULL DAYS of school.

If school is closed due to an emergency or inclement weather, Creative Corner will also be closed.

These additional people also have authorization to pick up my child/ren.

| Name | Relationship | Cell Number | Other Number |
|------|--------------|-------------|--------------|
|      |              |             |              |
|      |              |             |              |
|      |              |             |              |
|      |              |             |              |
|      |              |             |              |
|      |              |             |              |

\*\*\*\*\* PLEASE COMPLETE AND SIGN OTHER SIDE \*\*\*\*\*

**PLEASE NOTE:** Before an authorized person may pick up your child/ren, he or she **MUST PROVIDE IDENTIFICATION** and mark the Sign-Out Sheet with a signature and pick-up time.

The following people may **NEVER BE GIVEN PERMISSION** to pick up my child/ren.

| Name | Relationship |
|------|--------------|
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|      |              |
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**ATTENTION:** Please list below any additional pertinent information concerning your child/ren.

- Allergies, chronic conditions, health problems, daily medication, etc.

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Parent/Guardian Signature

Date Signed

**OFFICE USE ONLY:**

Registration Fee Paid:

**\$10.00 one child**

**\$20.00 family**

Date Paid:

Cash \_\_\_\_\_

Check #: \_\_\_\_\_

Received By:

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