



SAINT PETER SCHOOL

PREK-8TH GRADE ELEMENTARY | ESTABLISHED 1927

www.stpetersschool.org

BEFORE AND AFTER SCHOOL PROGRAM REGISTRATION FORM

Student Name: _____
Last First Middle

Date of Birth: _____ Sex: _____ Grade/Teacher: _____

Parent/Guardian Name: _____
Last First Relationship to Student

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Parent/Guardian Name: _____
Last First Relationship to Student

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

List below person other than parents or guardians authorized to pick up your child. Please attach pictures of these people to this form. We keep these pictures on file for identification. Any changes to this list must be received in writing.

Name and relationship to student Address Phone Number

Name and relationship to student Address Phone Number

Name and relationship to student Address Phone Number

List any other emergency contacts:

Name and relationship to student Address Phone Number

Thank you for choosing St. Peter School!!