



St. John After School Program
9 Livingston St.
Binghamton, NY 13903

Child's Name _____

_____ Male _____ Female Telephone # _____

Child's Home Address _____

Emergency Contact _____ Phone # _____

Does your child have allergies Y N if yes to what _____

Please name person or persons other than you who will be picking up

My child will attend the After School Program

_____ Everyday Monday – Friday

Only on days marked Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

