

**St. Mary's Elementary School
2 St. Mary's Hill
Lancaster, NY 14086**

F.A.S.T. Club Registration

Child's Name _____ Grade/Teacher _____

Mother's Name/Address _____

Father's Name/Address _____

Mother's Home Phone _____ Father's Home Phone _____

Mother's Work # _____ Father's Work # _____

Mother's Cell # _____ Father's Cell # _____

Please list any medical concerns or allergies _____

In the case of an emergency, please list the names and phone numbers of two alternate adult contacts.

Name _____

Phone Number _____ Relationship to student _____

Name _____

Phone Number _____ Relationship to student _____

My child will be staying for fast club on:

Approximate times:

Monday _____

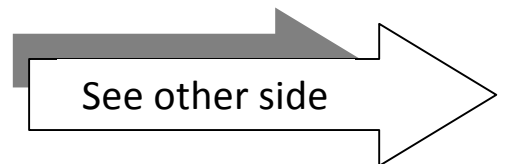
Tuesday _____

Wednesday _____

Thursday _____

Friday _____

I understand that F.A.S.T club will meet every day **except** days when there is 10:45am dismissal.



In addition to the adults listed on the front page, the following adults may pick my child up from F.A.S.T. Club:

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Name _____ Relationship to student _____

The following individuals **DO NOT** have my permission to pick my child up from F.A.S.T Club:

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Parent Signature

Date