St. Mary's Elementary School 2 St. Mary's Hill Lancaster, NY 14086 716-683-2112 www.smeschool.com

FAST CLUB REGISTRATION FORM 2017-2018

Child's Name:	Grade/Teacher:	
Mother' Name/Address:		
Father's Name/Address:		
Mother's Home Phone:	Father's Home Phone:	
Mother's Work Phone:	Father's Work Phone:	
Mother's Cell Phone:	Father's Cell Phon	e:
Please list any medical concerns or allergies:		
In case of an emergency, please list the manes	and phone numbers of two	o alternate adult contacts:
Name:	Relationship to Student:	
Phone Number:		
Name:	Relationship to Studer	nt:
Phone Number:		
My child will be staying for FAST Club on:		Approximate times:
Monday	-	
Tuesday	-	
Wednesday	-	
Thursday	-	
Friday	_	

I understand that FAST Club will meet every day **EXCEPT** days when there is 10:45 am dismissal.

Please see page 2 on other side

in addition to the adults listed on page 1, the following adults may pick my child up from FAST Club:		
Name:	Relationship to student:	
Name:	_Relationship to student:	
Name:	_Relationship to student:	
The following individuals DO NOT have permission	n to pick up my child from FAST Club:	
Name:	_Relationship to student:	
Name:	_Relationship to student:	
Name:	_Relationship to student:	
Parent Signature:	Date:	