

Mary Immaculate Star of the Sea School
700 Truman Ave. Key West, FL 33040
School Front Office- 305-294-1031 FAX 305-294-2095
www.maryimmaculatekeywest.com

AFTER SCHOOL CARE FORM

Student _____

Home Phone _____

ADDRESS _____

I am registering my child for the following days and time:

() Monday thru Friday From _____ to _____

() Other Days and Time as indicated below

DAY

TIME

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

Those who are authorized to pick up my child are:

NAME

PHONE

PARENT / GUARDIAN INFORMATION

Mother Cell Phone _____ Mother Work Phone _____

Father Cell Phone _____ Father Work Phone _____

Date: _____

Parent/ Guardian Signature _____