

**BEFORE SCHOOL CARE / AFTER SCHOOL CARE**  
**FAMILY REGISTRATION FORM (ANNUAL)**  
**\$25 (Non-Refundable) Registration Fee**

Enclosed Check # \_\_\_\_\_  
Payable to St. Benedict School

**FAMILY NAME:** \_\_\_\_\_

Child Name: \_\_\_\_\_ HomeRoom: \_\_\_\_\_

Child Name: \_\_\_\_\_ HomeRoom: \_\_\_\_\_

Child Name: \_\_\_\_\_ HomeRoom: \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business EMAIL: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business EMAIL: \_\_\_\_\_

**IMPORTANT:** Give the names of two adults we may contact in case of an emergency, if neither parent can be reached, and who have permission to pick up your child from EDP.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

☐ Check here if you plan to use EDP only on an "As Needed" basis.

To use Before Care or After Care in September, the Family Registration Form must be submitted no later than **Monday, August 11, 2025**. Form with payment sent to Pat Tobino / EDP.