

ST. PAUL THE APOSTLE CATHOLIC SCHOOL

61 Moss Road, Westerville, Ohio 43082

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AFTER-SCHOOL CARE ENRICHMENT (A.C.E.) PROGRAM
2017-2018 REGISTRATION APPLICATION
A.C.E. PHONE 614-882-2326

Date of Admission Home Phone #

Name of Child: (Last) (First) (Middle) ("Nickname")

Date of Birth: / / Age: Grade in Fall: Sex:

Address: (Street) (City) (State) (Zip)

Mother's Name: Father's Name:

Home Address: Home Address:

Mother's: Father's:

Email Address: Email Address:

Bus. Phone: Bus. Phone:

Mother's Cellphone: Father's Cellphone:

Do both parents now live with the child? Yes No

If no, please complete information for step-parent, guardian, or other adult living with the child:

Name: Employer:

Bus. Address: Bus. Phone:

List at least three local persons, other than parents (must be 18 yrs. old), to whom the child may be released or contacted in case of emergency:

1. (Name) (Address) (Phone) (Relationship)

2. (Name) (Address) (Phone) (Relationship)

3. (Name) (Address) (Phone) (Relationship)

NOTE: Parents must contact A.C.E. and give permission to release child to these individuals. Positive I.D. will be required before child is released. Also, parent signature is necessary for the following: I give the St. Paul A.C.E. staff permission to administer First Aid if necessary.

Signature: Date: