



Holy Cross School

300 Dubuc Street, Winnipeg, MB, R2H 1E4

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www.holycrossschool.mb.ca

Before & After School Program

Registration Form 2020-2021

PLEASE ENSURE YOUR CHILD HAS A WATER BOTTLE FOR USE (no cups provided)

Families of all participants in the Before & After Program must complete this Registration Form before a student can be admitted in to the Program. This pertains to the cafeteria open area with supervision.

Student's Name: _____

Last

First

Middle

Student's Address: _____

Apartment #, Street #, Street, City

Postal Code

Home Phone Number: _____

Birth Date: _____

Year Month Day

Gender: Male Female

Grade: _____

Name of Mother/Step Mother/Caregiver/Foster Mother

Name of Father/Step Father/Caregiver/Foster Father

Address if different from Student's Address

Address if different from Student's Address

Business Phone:

Business Phone:

Cell Phone Number

Cell Phone Number

In case of emergency when the parent/caregiver cannot be reached, the emergency contacts are:

Name	Relationship to Student	Home Phone #	Business Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Names of persons other than parent/caregiver who may on occasions pick up the student(s).

Name	Relationship to Student	Home Phone #	Business Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Parent/Caregiver Signature

Date