



**St. Andrew Academy  
After School Care Program**

**7724 Columbine Drive Louisville, Kentucky 40258 (502) 935-4578 ext. 239**

**Registration Form**

Child Information

Registration Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

Parent/Guardian (Custodial Parent) Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Prefer to be the first one contacted on following days: M W Tu W Th F

Child Resides With Above: (Circle) Yes No Please Explain if Applicable:

\_\_\_\_\_

Parent/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Prefer to be the first one contacted on following days: M W Tu W Th F

Child Resides With Above: (Circle) Yes No Please Explain if Applicable:

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