



## Holy Family Catholic Academy

74-15 175th Street

Fresh Meadows, NY 11366

(718) 969-2124

<https://holyfamilyca-freshmeadows.org/>

## After-School Program 2023-24 Registration Form

After-School Program contact email:  
afterschool@holyfamilyca-freshmeadows.org

*Each child must have his/her own form accompanied by the **\$25.00 per child** registration fee.*

### STUDENT INFORMATION:

Student's Last Name	First Name	Grade
Student's Street Address	City, State	Zip Code
Home Phone #	* E-mail address for billing (REQUIRED) *	
Mother's FULL Name	Work Phone #	Cell #
Father's FULL Name	Work Phone #	Cell #

### EMERGENCY CONTACTS:

#1) FULL NAME	Relationship to Child	Cell #
#2) FULL NAME	Relationship to Child	Cell #

Does the child have any medical conditions or allergies (including food allergies)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

### ADDITIONAL PICKUP CONTACTS:

We will only release your child to those listed on this form. Anyone other than a custodial parent picking up a child must show a valid picture ID.

FULL NAME	Relationship to Child	Cell #
#1)		
#2)		
#3)		

Parent's Signature & Date: \_\_\_\_\_