



Saint Stephen-Saint Edward School
 75 Sanfordville Road
 Warwick, NY 10990
 School Phone #: (845) 986-3533
 School Fax #: (845) 987-7023

BEFORE & AFTER SCHOOL PROGRAM APPLICATION

Child's Name: _____ Grade: _____

Address: _____

Allergies/Health Issues that we Should be Aware Of: _____

Mother/Guardian Contact Information:

Name: _____

Home Phone: _____

Cell Phone #: _____

Father/Guardian Contact Information:

Name: _____

Home Phone #: _____

Cell Phone #: _____

Emergency Phone #'s

(Minimum 3 Required – 1 Must be within 20 minutes of school for emergency dismissal):

Contact Name	Contact Home #	Contact Cell #

Before School Care Required (Please list days attending & Approximate Drop Off Time):

Monday	Tuesday	Wednesday	Thursday	Friday

After School Care Required (Please list days attending & Approximate Pick up Time):

Monday	Tuesday	Wednesday	Thursday	Friday

Please List the People who are Authorized to pick up your child:

Contact Name	Contact Cell #

Parent's Signature: _____ Date: _____