

**ST JOHN THE BELOVED EAGLES CLUB REGISTRATION FORM  
2018-19 SCHOOL YEAR**

**THIS FORM IS FOR NEW FAMILIES AND ANY PRESENT FAMILY ATTENDING THE EAGLES CLUB THAT WILL BE RETURNING FOR THE 2018-19 SCHOOL YEAR.**

PLEASE CHECK: \_\_\_\_\_ New Student/Family for 2018-19      \_\_\_\_\_ Returning Student/Family

**FIRST TIME APPLICANTS ONLY**

***All first time applicants (new families) are required to make a one-time \$50.00 per family contribution. Please include this fee with your registration form. PLEASE MAKE CHECKS PAYABLE TO: ST JOHN THE BELOVED EAGLES CLUB***

**Date paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ ENVELOPE# \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ GRADE 2018-19 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

**EMERGENCY CONTACTS: (TWO NAMES MUST BE PROVIDED)**

NAME	TELEPHONE NUMBER	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

**APPROVED PICK-UP LIST**

1. _____	_____	_____
2. _____	_____	_____

**ATTENDANCE**

\_\_\_\_\_ MY CHILD/REN WILL BE ATTENDING ON: **MON TUES WED THURS FRI**  
(Circle applicable days)

**TOTAL NUMBER OF DAYS ATTENDING:** \_\_\_\_\_

Parent's Signature \_\_\_\_\_

DATE \_\_\_\_\_