



# Catholic High

## Aftercare Student Program

Monday–Thursday–Rm. 505 3:00–5:30 PM



Mail registration fee and bottom portion to:

Mandy Landry  
1654-B Duchamp Rd.  
Broussard, LA 70518

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Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Adults who are authorized to pick up my child are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any medical conditions (i.e.) allergies and any medication child currently takes:

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