

SHARP Registration Agreement 2024-25

Child(ren's) Name(s)/Grade:

First Name

Last Name

Grade/Homeroom

Please

Circle Days and Times Needed:

Monday

Tuesday

Wednesday

Thursday

Friday

am/pm

am/pm

am/pm

am/pm

am/pm

Individuals authorized to pick-up child(ren) including parent(s) or legal guardian(s):

Name

Relationship

Phone # (after 3:00)

Safety Code Word: _____

Please List any allergies/medical issues that you would like us to be aware of.

I(We) have read and agree to adhere to the policies of the Sacred Heart Afterschool Recreation Program (SHARP).

Parent(s)/Guardian(s) Signature(s):

Date: _____

Date: _____