



Our Lady of the Lake Regional Catholic School  
STAR Track (afterschool program)  
Initial Sign-up Information

Date: _____
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Student(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent(s)/Guardian(s) (Please Print)**

**Phone Number(s):**

Name: \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Name: \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Address: \_\_\_\_\_

If parent(s)/guardian(s) cannot be reached, please call: \_\_\_\_\_

**Allergies or Medical Alerts:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following people\* have my permission to pick my child up from STAR Track:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please notify the office and/or Mrs. Smith if someone other than you will be picking your child up. \*Also, please inform your pick-up person that the first time they pick up your child they will be asked to show pictured ID.

I feel my student may benefit most from help/support/activities in the academic areas of:

Reading      Writing      Spelling      Math      Science      Social Studies

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_