



# Our Lady of the Lake Regional Catholic School After School Academy aka STAR Track Initial Sign-up Information

Student(s) \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

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

**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-up my child from STAR Track:

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

Please notify the office, 989-366-5592, if someone other than you will pick-up your child. \*Also, please inform those who may pick-up your student, if this is the first time they will pick-up your child or if they are not recognized by staff, they will be asked to show pictured ID.

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

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

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