



St. John the Apostle School  
Valley Road  
Clark, NJ 07066

**B. A. S. C. REGISTRATION 2022 – 2023 SCHOOL YEAR**

(Please type or print)

Family Name \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Name and Grade of Child/Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any type of allergies your child/children have.**

\_\_\_\_\_

\_\_\_\_\_

Does your child require an Epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child need an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

*Please list other designated persons who are allowed to pick up your child/children.*

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**IMPORTANT**

Please send in writing to Mrs. Fullem notifying her of any change in the normal pick-up routine. Also, please make sure all information is kept current, especially phone numbers!