

St. Alphonsus/St. Patrick School

Extended Day Program Registration Form

Child(Children's) Information

Last Name

First Name

Grade/Teacher

Last Name

First Name

Grade/Teacher

Address: _____

Home Telephone: _____

Parent/Guardian Information

Father _____

Address _____

E-Mail _____

Home Phone _____

Name/Location of Employment _____

Business Phone _____

Cellular Phone _____

Mother _____

Address _____

E-Mail _____

Home Phone _____

Name/Location of Employment _____

Business Phone _____

Cellular Phone _____

Contact Person in Case of Emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name _____ Phone: _____ Relationship: _____

Medical Information

Allergies(food/medication/other) or pertinent information(please specify)

Who IS allowed to pick up your child(ren)?

Name _____ Relationship/Phone _____

Name _____ Relationship/Phone _____

Name _____ Relationship/Phone _____

Name _____ Relationship/Phone _____

Who is NOT allowed to pick up your children?

Name _____ Relationship _____

Personal restraining order in force? _____ Name of person _____

Please enclose a check payable to **St. Alphonsus/St. Patrick School Extended Day Program** in the amount of \$50.00, check number _____.