
Family Name

**St. Patrick's School
Extended Care Registration/Emergency Form**

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Parent/Guardian Last Name (if different from child/ren) _____

Home Phone No. _____

Work Phone Nos.: Father: _____ Cell Phone Nos. _____

Mother: _____

Street Address: _____ City & Zip: _____

Mailing Address if different from above: _____

Please list at least two people who may be contacted if your child is unable to remain at Extended Care due to illness or injury and you cannot be reached.

1. Name: _____ Phone No.: _____

2. Name: _____ Phone No.: _____

Any Special Health Problems/Allergies: _____

Physician: _____ Phone No.: _____

Address: _____

Dentist: _____ Phone No.: _____

Address: _____

I give my consent for emergency medical or dental treatment, including transportation to the nearest emergency aid facility, if the listed persons cannot be reached. I understand that I am responsible for all payment of medical fees, transportation fees, or additional expenses incurred.

Parent/Guardian Signature

Date

I give the following people my permission to pick up my child from Extended Care.

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Schedule for Use of Extended Care:

Drop In _____ Regular _____ Days (M T W Th F)

I plan on using: _____ AM Extended Care

_____ PM Extended Care

_____ Both

_____ *If you would like your child/ren to do their homework during
Extended Care, please initial.*

Comments: _____

Print Name (Parent/Guardian): _____

Signature (Parent/Guardian): _____