

REGISTRATION FORM FOR ST. JOSEPH CATHOLIC SCHOOL EXTENDED CARE
2020-2021 School Year

Please complete this registration form for your family.

Family Name _____

Student name(s) and grade(s) _____

Address _____ City/Zip _____

Father's Name _____ Mother's Name _____

Cell Phone # (____) _____ Cell Phone # (____) _____

Place of Employment

Father _____

Phone # (____) _____ Full Time _____ Part Time _____

Mother _____

Phone # (____) _____ Full Time _____ Part Time _____

Emergency Contact Information (list in order of preference including parents as choice)

Emergency Contact #1: Name _____

Phone :(____) _____ Relationship to Child: _____

Emergency Contact #2: Name _____

Phone :(____) _____ Relationship to Child: _____

Emergency Contact #3: Name _____

Phone :(____) _____ Relationship to Child: _____

Emergency Transport Hospital Preference (Children's, St. Joseph) _____

Medications _____

Medical Conditions and/or Allergies _____

Additional people authorized to pick up children _____

Please notify school office regarding any specific issues pertaining to authorized student pickup.

**Registration Fee of \$40.00 per family is to be returned with this form (or included with Single Check Form).
Please make checks payable to St. Joseph School Extended Care.**