

REGISTRATION FORM FOR ST. JOSEPH CATHOLIC SCHOOL EXTENDED CARE

2021-2022 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 # _____

Father _____ Phone # _____

Mother _____ Phone # _____

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

Emergency Contact #1

Name _____ Relationship to Child: _____

Phone: _____

Emergency Contact #2

Name _____ Relationship to Child: _____

Phone: _____

Emergency Contact #3

Name _____ Relationship to Child: _____

Phone _____

Emergency Transport Hospital Preference: _____

Please include any medications, medical conditions and/or allergies below:

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.

Please make checks payable to St. Joseph School Extended Care.