

ST. LOUISE DE MARILLAC EXTENDED DAY PROGRAM 2019 - 2020
Registration/Authorization and Emergency Information

Parent(s)/Guardian Name(s): _____

Address _____

Home Phone: _____ Email: _____

Dad Work #: _____ Dad Cell #: _____

Mom Work #: _____ Mom Cell #: _____

CHILD'S NAME	GRADE	HOMEWORK COMPLETION REQUIRED?	
		YES	NO

Authorization and Emergency contacts other than parents/guardian: In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence.

The following also have my authorization to release my child from the After School Program.

NAME	RELATIONSHIP	PHONE

Please list any allergies or medical conditions (**no medication** will be administered):

Special instructions:

SIGNATURE: _____ **DATE:** _____