

**ST. LOUISE DE MARILLAC EXTENDED DAY PROGRAM 2021 - 2022**  
**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:** \_\_\_\_\_