

Saint Brendan Catholic School Extended Day Registration Form

Family Name

Home Telephone

Address

City/State/Zip

Student Name (1)

Grade

Student Name (2)

Grade

Student Name (3)

Grade

Father's Name

Work Phone

Cell Phone

Mother's Name

Work Phone

Cell Phone

Father's Email Address

Mother's Email Address

Alternate Emergency Contact

Home Phone

Work Phone

Cell Phone

Emergency Information/Allergies/Heath Problems:

Approximate time of pick-up _____

I agree to adhere to all school policies pertaining to the Extended Day Program.

Signature

Date

Authorized Person for Pick-up

Relationship

Phone

Authorized Person for Pick-up

Relationship

Phone

Please list any other pertinent information below:

