

Registration \$50.00 per family and will be billed through Facts Management.

Pre - School Extended Day Registration

20__ - 20__

Child's Name	Boy	Girl	Date of Birth	Pre-School class Registered for. 2 day, 3 day, 5 day

Address _____

Phone _____ Cell _____ Work _____

Alternate Phone Number _____

Parent Email _____

Please list any allergies, medical needs, special instructions, or other information the staff needs to be aware of in the care of your child.

In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified. They are authorized to act in my absence. They may also release my child from the Extended Day Program.

Name/Relationship to Child	Address	Phone
_____	_____	_____
_____	_____	_____

The following MAY NOT CALL for my child. _____

Registration \$50.00 per family and will be billed through Facts Management.

Saint Joseph Extended Day Registration

20__-20-__

Child's Name	Boy	Girl	Date of Birth	Grade

Address _____

Phone _____ Cell _____ Work _____

Alternate Phone Number _____

Parent Email _____

Please list any allergies, medical needs, special instructions, or other information the staff needs to be aware of in the care of your child.

In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified. They are authorized to act in my absence. They may also release my child from the Extended Day Program.

Name/Relationship to Child	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following MAY NOT CALL for my child. _____