

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. \_\_\_\_\_