

# St. Patrick's School Extended Care Application Form

## 2010/2011 School Year

(One form for each family)

The form **MUST** be accompanied by the \$20.00 registration fee.

REGISTRATION DATE \_\_\_\_\_

### STUDENT INFORMATION:

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade Entering Fall of 2009 \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade Entering Fall of 2009 \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade Entering Fall of 2009 \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Family E-Mail: \_\_\_\_\_

Please check appropriate box:  Full-time (M-F)  AM  PM  Part-time  AM  PM

Due to the high demand for the Extended Care, the following criteria will be considered in accepting children into this program:

1. Full-time care (M-F and am & pm)
2. Siblings
3. Registration date

### FAMILY INFORMATION:

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Student Lives with  Both parents  Father  Mother  Guardian

Parent's Marital Status:  Married  Separated  Divorced  Widowed

### PERSONS TO WHOM MY CHILD MAY BE RELEASED:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there any health/behavioral concerns, special needs or learning disabilities that we need to be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Signing below indicates that all the information on this form is correct to the best of your knowledge & is consent that you have read & agree to comply with all the information in the St. Patrick's Family Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date