

St. Patrick's School Extended Care Application Form
2009/2010 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