TRUE CROSS CATHOLIC SCHOOL

EXTENDED DAY REGISTRATION FORM

THIS FORM MUST BE FILLED OUT BY ALL FAMILIES

1. Child's name _____ Grade_____ Birthday_____

2. Child's name _____Grade_____ Birthday _____

3. Child's name _____Grade_____ Birthday _____

Mother's name_____
Address _____
Street City State Zip

Phone _____ (home) Business phone_____
Area code & number Area code & number
Cell Phone _____
Area code & number
Father's name _____
Address_____
Street City State Zip

Phone _____ (home) Business phone_____
Area code & number Area code & number
Cell Phone _____
Area code & number

Parents status: Married _____ Divorced _____ Separated _____

Emergency Information:

Persons authorized to pick up child(ren) enrolled other than parents:

Name _____ Home Phone_____ Cell _____

Name _____ Home Phone_____ Cell _____

Please list any allergies, disabilities, restrictions or special needs that your child may have:
_____

Child's Doctor _____ Office Phone_____

Hospital Preference_____

I agree that the staff may authorize a physician to provide emergency care in the event that I cannot be contacted immediately.

Signature:_____ Date:_____