

ASSUMPTION SCHOOL

**EXTENDED DAY PROGRAM
REGISTRATION 2011-2012**

The start date for the Extended Day Program will be Tuesday, August 30th.

Please list the names of all children who will attend the Extended Day Care Program:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Mother's Name: _____

Home Phone: _____ Cell # _____ Work # _____

Father's Name: _____

Home Phone: _____ Cell # _____ Work # _____

Home address where the student lives:

Street: _____ City: _____

I need Before School Care (available from 7:30 AM to 8:30 AM):

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Approximate times needed: _____

I need After School Care (available from 3:00 PM to 6:00 PM):

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Approximate times needed: _____

Please continue on reverse side ...

ASSUMPTION SCHOOL
EXTENDED DAY PROGRAM
EMERGENCY INFORMATION FORM
2011 - 2012

In the event that your child may become ill and we cannot reach you, please provide the name of a relative, neighbor, or a friend to whom we may release your child:

1. *Contact's Name:* _____

Relationship: _____

Home Phone #: _____ *Cell Phone #:* _____ *Work #:* _____

2. *Contact's Name:* _____

Relationship: _____

Home Phone #: _____ *Cell Phone #:* _____ *Work #:* _____

3. *Contact's Name:* _____

Relationship: _____

Home Phone #: _____ *Cell Phone #:* _____ *Work #:* _____

Are there any allergies and/or special considerations that we need to be made aware of? Please Specify:

I _____ authorize, _____ do not authorize the after school staff to administer first aid to my child.

I _____ authorize, _____ do not authorize the after school staff to call an ambulance.

Parent/Guardian Signature

Date

PLEASE RETURN TO THE SCHOOL OFFICE BY WED., AUGUST 17, 2011.