

SACRED HEART CATHOLIC  
EXTENDED-CARE REGISTRATION FORM

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Normal Hours of Work: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Normal Hours of Work: \_\_\_\_\_

List any health problems of child, including allergies:

Emergency Contacts if parents cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Check the days your child will attend the Extended School program:

Please check: Morning \_\_\_\_\_ After \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Drop-In: \_\_\_\_\_ Emergency \_\_\_\_\_

Check if your child will attend extended care during school breaks: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Person permitted to pick up your child at the end of the day:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Time: \_\_\_\_\_

Is there anyone who MAY NOT PICK UP YOUR CHILD/CHILDREN?

Name: \_\_\_\_\_ Name: \_\_\_\_\_