ST. PATRICK CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
2016/2017

Child/Children Names	Male/Female	Date of Birth	Grade

Please circle days if known: Monday Tuesday Wednesday Thursday Friday

Address:_____
Street City Zip

Father:_____ Home Phone:_____ Work Phone:_____

Mother:_____ Home Phone:_____ Work Phone:_____

Person to contact if parent is not available:

1. _____ Phone:_____
2. _____ Phone: _____

Does your child/children have any food allergies of which we need to be aware?

Is there any medical information that you feel the Extended Day staff needs to be aware of in order to serve your child?

_____

_____

_____ _____
(Date) (Parent's Signature)