



Holy Sepulcher Catholic School 2013-2014 Extended Care Registration

Child's name: _____ Grade: _____ Teacher or Homeroom: _____

Address:

_____ City State Zip

Home phone: (____) _____ Date of birth: _____ Age: _____

Mother's name: _____ Employer: _____

Phone:(____) _____

Father's name: _____ Employer: _____

Phone:(____) _____

Mother's Cell/Pager ph. # (____) _____

Father's Cell/Pager ph.#(____) _____

Special concerns (medical or other):

Regular medications:

Allergies: _____

Any new family members or living arrangements we should be aware of?

People authorized to pick up child (and emergency contacts):

NAME

RELATIONSHIP

ADDRESS

PHONE

Parent's signature: _____ Date: _____