

ST. BERNADETTE SCHOOL
EXTENDED DAY PROGRAM REGISTRATION/ EMERGENCY INFORMATION
(Please type or print all information)

Student's Name _____ Grade _____ M _____ F _____
(first name) (Last Name) (Middle Initial)

Address: _____ Home Phone# _____
(no.) (Street) (City) (Zip Code)

E-Mail Address: _____

DAYS ATTENDING EXTENDED DAY PROGRAM: MON__ TUES__ WED__ THURS__ FRI__

Name of Parent(s) or Guardian(s) with whom the child lives: _____

If separated/divorced: Name, address and phone of non-custodial parent: _____

Father's Name: _____ Work phone# _____
Cell # _____
Occupation: _____

Mother's Name: _____ Work phone# _____
Cell # _____
Occupation: _____

In the event that my child needs to be dismissed for an illness or injury, and I cannot be reached, the following people may pick up my child. Your child cannot be released to anyone other than those you list here.

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Hospital Preference: _____
(In case of emergency and parents are not available)

Child's Physician: _____ Phone # _____

Child's Dentist: _____ Phone # _____

Please list all medications that your child takes: _____

Allergies (specify) _____

Heart Condition _____ Diabetes _____ Asthma _____ Seizure Disorder _____ Others _____
(specify)

In case of accident or serious injury and I cannot be reached at the numbers above, I hereby authorize the school to arrange emergency transportation to the nearest hospital emergency room to be treated by the physician on duty.

Signature (Custodial Parent/Guardian): _____ Date: _____