



St. Thomas More Catholic School

Extended Care Registration Form

2019/2020

Family Name: _____

Student's Name: _____

Grade _____

Attending Before Care:

Monday Tuesday Wednesday Thursday Friday When Needed

Attending After Care:

Monday Tuesday Wednesday Thursday Friday When Needed

Allergies: _____

Student's Name: _____

Grade _____

Attending Before Care:

Monday Tuesday Wednesday Thursday Friday When Needed

Attending After Care:

Monday Tuesday Wednesday Thursday Friday When Needed

Allergies: _____

Student's Name: _____

Grade _____

Attending Before Care:

Monday Tuesday Wednesday Thursday Friday When Needed

Attending After Care:

Monday Tuesday Wednesday Thursday Friday When Needed

Allergies: _____

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

Home Address _____ City _____ Zip _____

E-Mail _____

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

Home Address _____ City _____ Zip _____

E-Mail _____

Court Ordered/ Custody Restraints (if applicable):

Name _____ Relationship _____

Two Emergency Contacts (must be 18 yrs. old or older & show a photo ID)

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

In case of an emergency and the parent or emergency contact cannot be reached and in judgement of the school staff and/or after care staff it is decided that immediate medical and or hospital attention is necessary, do you authorize school staff/after care staff to send your child accompanied by school personnel to the hospital or physician?

Yes No

By signing below, I am agreeing that I have read and understand the terms of the Extended Care program and wish to register my child/children in the St. Thomas More Extended Care program.

Parent Signature

Date