21-22 Extended Day Registration Form

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Camily Last Name:		
Please list each child starting with the YOUNGEST:		
Student name:		Grade:
Medical Allergies/Problems/Medication:		
Student name:		Grade:
Medical Allergies/Problems/Medication:		
Student name:		Grade:
Medical Allergies/Problems/Medication:		
Student name:		Grade:
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	be reached:	ck up your child (using your Login numbe
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nd can be contacted for school closings, if a parent cannot	be reached: Relationship Mom	
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and can be contacted for school closings, if a parent cannot	be reached: Relationship Mom	
Name	be reached: Relationship Mom	
Name Name Salousius A Tradicion of Excellence	be reached: Relationship Mom	For Office use only: Registration Fee Pd: Y N
Please list any adult (including parents) who has your pern and can be contacted for school closings, if a parent cannot Name Name Society States A Tradicion of Excellence Catholic Elementary & Jr. High School	be reached: Relationship Mom	For Office use only: Registration Fee Pd: Y N Date paid: