

## 25-26 Extended Day Registration Form

Date: \_\_\_\_\_

Family 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:** \_\_\_\_\_

Medical Allergies/Problems/Medication:

\_\_\_\_\_

**Please list any adult (including parents) who has your permission to drop off or pick up your child (using your Login number) and can be contacted for school closings, if a parent cannot be reached:**

<i>Name</i>	<i>Relationship</i>	<i>Contact phone during Ext day hours</i>
	Mom	
	Dad	



**St. Aloysius**  
CATHOLIC SCHOOL

**\*\*Only pay \$20  
registration fee if  
you plan to use  
extended day on a  
regular basis.**

### For Office Use Only

Registration Fee Pd: Y N

Date paid: \_\_\_\_\_

Check # \_\_\_\_\_ Cash: \_\_\_\_\_