

26-27 Extended Day Registration Form

Date: _____

Family Last Name: _____

Please list each child:

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: _____