

St. Dominic School Extended Day Program Registration

Student Information

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Address _____

Phone _____

Allergies/Medical Conditions _____

Parent/Guardian Information

Father: Last Name _____ First Name _____

Address (if different from student) _____

Phone (if different) _____ Cell/Pager _____

Name/Address of Employer _____

Phone _____

Mother: Last Name _____ First Name _____

Address (if different from student) _____

Home Phone (if different) _____ Cell/Pager _____

Name/Address of Employer _____

Phone _____

Emergency Contact _____

Relationship _____ Phone _____

Is there anyone who **may not** pick up your child? If yes, please indicate:
