

GOOD SHEPHERD CATHOLIC SCHOOL EXTENDED CARE REGISTRATION FORM

Registration fee/Supplies Fee (*non-refundable*):
\$30.00 per student

Father's Name:	Mother's Name:
Home Phone:	Home Phone:
Daytime Phone:	Daytime Phone:
Cell Phone:	Cell Phone:
E-mail address:	

Persons Authorized to Pick Up Child/ren:		
Name:	Daytime Phone:	Cell Phone:
Name:	Daytime Phone:	Cell Phone:
Name:	Daytime Phone:	Cell Phone:
Name:	Daytime Phone:	Cell Phone:

Student Name(s):	Grade(s):
1.	
2.	
3.	
4.	

Does your child have any allergies, illness or physical condition which should be brought to our attention? If yes, please explain.
Student Name and allergies, illness or physical condition:
Student Name and allergies, illness or physical condition:
Student Name and allergies, illness or physical condition:
Student Name and allergies, illness or physical condition:

YOUR PERSONAL ID NUMBER (ANY 4 DIGIT NUMBER): _____
Please share this number with anyone whom you ask to pick up your child.