

SAINT MICHAEL SCHOOL
21 Sixth Street, Lowell, MA 01850

EXTENDED DAY CARE PROGRAM

Registration Form
2011 – 2012

DATE: _____

Grade/Teacher: _____

Child's Name: _____

Address: _____ City/Town: _____

Telephone: _____ Zip Code: _____

Date of Birth: _____

Mother's Name: _____ (Maiden Name): _____

Address: _____
(If different from child)

Telephone: (Home) _____ (Work) _____ (Cell) _____

Father's Name: _____

Address: _____
(If different from child)

Telephone: (Home) _____ (Work) _____ (Cell) _____

Is your child in the custody of both parents? _____ YES _____ NO If not,

Legal Guardian Name: _____ Relationship: _____
(Only if someone other than parents)

Address: _____
(If different from child)

Telephone: (Home) _____ (Work) _____

MEDICAL INFORMATION

Allergies

List Allergies? _____

Does your child require any emergency medication? (Ex. Epi Pen): YES: _____ NO: _____

Name of Medication: _____ Dosage: _____

Other Health Concern: _____

EMERGENCY INFORMATION

Father's Place of Employment _____

E-Mail Address: (Work) _____

Mother's Place of Employment _____

E-Mail Address: (Work) _____

SIGNATURE(S) OF PERSON(S) TO WHOM CHILD WILL BE RELEASED

Print Name	SIGNATURE	Telephone
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Print Name	SIGNATURE	Telephone
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Print Name	SIGNATURE	Telephone
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Print Name	SIGNATURE	Telephone
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