

**GUARDIAN ANGELS CATHOLIC SCHOOL
DIOCESE OF ST. PETERSBURG**

**EXTENDED DAY PROGRAM
REGISTRATION AND RELEASE FORM**

A \$10.00 Registration Fee Must Accompany This Registration Form

STUDENT NAME	GRADE	EXT. DAY USE (Circle One)	
		Monthly	Occasionally
1. _____	_____	M	O
2. _____	_____	M	O
3. _____	_____	M	O
4. _____	_____	M	O

Mother:

Father:

Home Address:

Home Address:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Work Phone:

Work Phone:

Pager:

Pager:

Please list name, approximate age, and telephone of those permitted to pick up your child.

NAME	AGE	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please list any medical problems the extended day providers should know about on the back side. Please identify the problems by child.

If there is a medical or physical problem which requires immediate attention, the extended day provider will notify the emergency services by using the 911 number. The parents are then notified. In the event parents cannot be reached, they give their permission for their child to be transported by ambulance to the hospital emergency facility.

Parent Signature

Date

Printed Name