

2016 -2017

# Holy Souls School – Extended Care Registration

Please list children to attend Holy Souls Extended Care:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Enrollment status: **check only one**     weekly     daily [circle days M T W Th F]     drop-in

Check here if your child has allergy or other medical condition, the medical plan form in handbook must be on file in Extended Care office

## FATHER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City/State) (ZIP)  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  preferred email

## MOTHER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City/State) (ZIP)  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  preferred email

## EMERGENCY CONTACT INFORMATION (if parents can not be reached)

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

*The aforementioned doctor, or, in the event of his unavailability, any doctor on the staff of said hospital, is authorized to utilize whatever medical techniques are deemed necessary, including surgery. The undersigned acknowledge their responsibility for all reasonable medical expenses so incurred.*

The following have permission to pick up my child from Holy Souls Extended Care

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Anyone not listed above must have written permission from parent/guardian or the parent/guardian must speak directly to one of the directors of the program to pick-up students from HSEC

Signature: \_\_\_\_\_ Date \_\_\_\_\_