

Blessed Sacrament School
REGISTRATION FORM
EXTENDED DAY CARE PROGRAM

DATE: _____

DATE TO BEGIN: _____

<i>Student Name</i>	<i>Age (August 2010)</i>	<i>Grade (August 2010)</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

ATTENDANCE TIME:

Drop off time (A.M.): _____

Pick-up time (P.M.): _____

EMERGENCY PEOPLE AND TELEPHONE NUMBERS:

Father: Name _____
 Address _____
 Home # _____ Work # _____

Mother: Name _____
 Address _____
 Home # _____ Work # _____

Friend/Relative: Name _____
 Address _____
 Home # _____ Work # _____

We **MUST** have at least **two (2)** Emergency Contacts

****REGISTRATION FEE \$25.00 PER FAMILY****