

ST. JOSEPH EXTENSION PROGRAM
REGISTRATION FORM

Name of Child _____

Home Address _____

Home Telephone No. _____

Child needs care on the following days _____

Time _____ To _____

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Telephone _____ Telephone _____

Medical concerns (allergies etc.) _____

The following people have authorization to pick up my child from the
Extension Program:

Name and phone # _____

Name and phone # _____

Name and phone # _____

Please return Registration, Emergency Health, and Earthquake forms to
Extended Care Director.

Parent Signature

Date