

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