

Our Lady of Mercy School

Extended Care Student Registration Form



Student's Name: _____

Birth Date _____

Grade _____ Homeroom Teacher _____ Home Phone _____

Address: _____

Lives with: both parents ___ mother only ___ father only ___ other _____

Mother/Guardian Name: _____ Cell Phone: _____

Work Phone: _____

Father/Guardian Name: _____ Cell Phone: _____

Work Phone: _____

In case of emergency when parent(s)/guardian cannot be reach who should we contact?

(List person other than parent(s)/guardian who can be contacted for late pick-up and/or emergencies)

Name: _____ Phone: (home and cell) _____

Relationship to child: _____

The following people may pick up my child from extended care (picture ID required)

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

In case of early school closing due to inclement weather or emergency conditions all bus students will be sent home on their assigned buses. If you live in an area not serviced by the buses you must make arrangements to have your child picked up.

Special instructions (allergies, diet, medical, etc.)

My child will need accommodations Before School Care on the following days:

Remember- Student can be dropped off between 7:00 -7:45 A.M

- Daily (every day of the week)
- Monday Tuesday Wednesday Thursday Friday

My child will need accommodations for After School Care on the following days:

Remember- your child must be picked up by 5:30 P.M

- Daily (every day of the week)
- Monday Tuesday Wednesday Thursday Friday

Medical Release

____ My child is covered by health/accident insurance

Physician name and phone number

Dentist name and phone number

I understand that any cost or injury resulting from participation in school sponsored activities is my responsibility.

Signature

Date