

St. Jude Thaddeus Catholic School

Registration Form

LAST NAME OF CHILD(REN)

EXTENDED CARE FORM

STUDENT'S FIRST NAME	AGE	BIRTHDATE	HEALTH ISSUES / ALLERGIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Children must be toilet trained. Diapers and Pull-ups not allowed.

CONTACT INFORMATION OF PRIMARY GUARDIAN(S)

Name(s) _____
Address: _____
Phone: _____
Cell: _____
Employer: _____
Phone: _____

CONTACT INFORMATION OF OTHER GUARDIAN(S)

Name(s): _____
Address: _____
Phone: _____
Cell: _____
Employer: _____
Phone: _____

INDIVIDUALS AUTHORIZED TO PICK UP CHILD(REN)

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

