

St. Jude Thaddeus Catholic School

Registration Form

Contact Form

STUDENT'S FIRST NAME

LAST NAME OF CHILD(REN)

HEALTH ISSUES/ALLERGIES

Guardian Contact Information:

Name(s): _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Employer: _____

Phone: _____

Guardian Contact Information:

Name(s): _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Employer: _____

Phone: _____

INDIVIDUALS AUTHORIZED TO PICK UP CHILD(REN)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

(If you are using extended care, please read, sign & date the other side.)

