

St. Peter School - Extended Care Program

Enrollment Form

Family Name: _____

<u>Student First Name</u>	<u>M/F</u>	<u>Grade</u>	<u>Health Notes</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enrollment: **Part-time:** ____ AM, from ____ o'clock ____ PM, till ____ o'clock
Full-time: ____ AM, from ____ o'clock ____ PM, till ____ o'clock

Physician Name, Address & Phone:

Hospital of Choice, Address & Phone:

Emergency Contact:

Name	Address	Home Phone	Work Place	Work Phone
Mother _____	_____	_____	_____	_____
Father _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*The following people have my permission to **pick up** my child/ren from Extended Care. **Please understand that without a phone call or a note from you NO child will be released to someone that is not on this list.** Please give name and relationship. Use back of form if additional space is needed.*

1. _____
2. _____
3. _____

Signature of Parent or Guardian: _____ **Date:** _____

----- For office use only -----

Proof of Insurance received: ____ Registration fee received/amount: ____/____ Processed: ____