## St. Peter Central Catholic EXTENDED DAY PROGRAM Information

**2021-2022**

Child's name:_____ DOB:_____ Grade:_____
Last First

Child's name:_____ DOB:_____ Grade:_____

Child's name:_____ DOB:_____ Grade:_____

Child's Address: _____
Street City Zip

• **Parent/Guardian**:

_____
Name Relationship to Child

Cell Phone:_____
Work Phone:_____
Employer:_____
Home Phone:_____
Address:_____

_____
City Zip

• **Parent/Guardian**:

_____
Name Relationship to Child

Cell Phone:_____
Work Phone:_____
Employer:_____
Home Phone:_____
Address: _____

_____
City Zip

• The child lives with: both parents_____mother_____father_____other_____
• In an emergency whom should we contact first? _____

### Emergency Contacts

• Please list your emergency contacts in the order that you would like us to call. Calls will only be made in the case of an emergency and we cannot reach the parents.

| Name | Phone numbers | Relationship to Child |
|---|---|---|
| 1._____ | _____ | _____ |
| 2._____ | _____ | _____ |
| 3._____ | _____ | _____ |
| 4._____ | _____ | _____ |

### Authorized Pick-up of Child

• Please list the names of the people you authorize to pick up your child.

| Name | Phone numbers | Relationship to Child |
|---|---|---|
| 1._____ | _____ | _____ |
| 2._____ | _____ | _____ |
| 3._____ | _____ | _____ |
| 4._____ | _____ | _____ |

• Signature of Parent/Guardian_____Date_____

**(Please fill out the other side.)**