

QUINCY CATHOLIC ACADEMY EXTENDED DAY PROGRAM

(2:30 P.M. – 6:00 P.M.)

REGISTRATION FORM

NAME OF STUDENT: _____ GRADE: _____

ADDRESS: _____

EMERGENCY INFORMATION FOR QUINCY CATHOLIC ACADEMY EXTENDED DAY PROGRAM

MOTHER'S NAME: _____

MOTHER'S CELL PHONE NUMBER: _____

MOTHER'S WORK PHONE NUMBER: _____

MOTHER'S HOME PHONE NUMBER: _____

FATHER'S NAME: _____

FATHER'S CELL PHONE NUMBER: _____

FATHER'S WORK PHONE NUMBER: _____

FATHER'S HOME PHONE NUMBER: _____

PERSON(S) OTHER THAN PARENT WHO WILL BE PICKING UP STUDENT:

NAME: _____

RELATIONSHIP TO STUDENT: _____

CELL PHONE #: _____

NAME: _____

RELATIONSHIP TO STUDENT: _____

CELL PHONE #: _____

FIRST PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____

CELL PHONE #: _____

(BACK OF FORM MUST BE COMPLETED!!!)

ALLERGIES:

***** ANY STUDENT WITH AN EPI-PEN MUST HAVE ONE SENT SPECIFICALLY TO THE EXTENDED DAY PROGRAM IN ADDITION TO THE ONE FOR THE CLASSROOM. THIS EPI-PEN WILL BE KEPT AND USED BY EXTENDED DAY PERSONNEL SPECIFICALLY.**

ANY OTHER MEDICAL CONDITION(S):

OTHER IMPORTANT INFORMATION REGARDING YOUR CHILD:

**TO HELP WITH STAFFING THE PROGRAM, PLEASE INDICATE THE DAYS YOUR CHILD
WILL BE ATTENDING THE PROGRAM.**

**(These days can be adjusted and once a child is registered he/she is welcome to attend at any time, but we
want to ensure appropriate staffing. Thank you!)**

Please check the days your child will be attending the program.

MONDAYS: _____

TUESDAYS: _____

WEDNESDAYS: _____

THURSDAYS: _____

FRIDAYS: _____