

QUINCY CATHOLIC ACADEMY EXTENDED DAY PROGRAM
(2:30 p.m. - 6:00 p.m.)
REGISTRATION FORM

NAME OF STUDENT: _____ GRADE: _____

ADDRESS: _____

_____ **\$15 REGISTRATION FEE PAID**

EMERGENCY INFORMATION FOR
QUINCY CATHOLIC ACADEMY EXTENDED DAY PROGRAM

MOTHER'S NAME: _____

MOTHER'S HOME PHONE #: _____

MOTHER'S WORK PHONE #: _____

MOTHER'S CELL PHONE #: _____

FATHER'S NAME: _____

FATHER'S HOME PHONE #: _____

FATHER'S WORK PHONE #: _____

FATHER'S CELL PHONE #: _____

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

NAME: _____

HOME PHONE #: _____

CELL PHONE #: _____

NAME: _____

HOME PHONE #: _____

CELL PHONE #: _____

FIRST PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____

HOME PHONE #: _____

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:

OTHER IMPORTANT INFORMATION REGARDING YOUR CHILD:

TO HELP WITH STAFFING THE PROGRAM, PLEASE INDICATE THE DAYS YOUR CHILD WILL BE ATTENDING THE EXTENDED DAY 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 insure appropriate staffing.)
THANK YOU!

PLEASE CHECK THE DAYS THAT YOUR CHILD WILL BE ATTENDING.

MONDAYS: _____

TUESDAYS: _____

WEDNESDAYS: _____

THURSDAYS: _____

FRIDAYS: _____