



Saint Joseph Catholic School

958 Epps Bridge Parkway ♦ Athens Georgia 30601 ♦ 706 543-1621

EXTENDED DAY PROGRAM ***Registration/Emergency Form 2016-2017***

Student Information

Student's Name _____

Address _____
Last First Middle
Street (Apt#) City Zip Code Home Phone#

Age _____ Grade _____ Birthday _____

Days of week to attend : Mon Tue Wed Thurs Fri Drop-In Only

Parent/Guardian Information

Mother's Name _____ Cell Phone# _____

Employer _____ Work Phone # _____ Hours _____

Employer Address _____

E-Mail Address _____

Father's Name _____ Cell Phone # _____

Employer _____ Work Phone # _____ Hours _____

Employer Address _____

E-Mail Address _____

In case of an Emergency

Please list two persons designated by you to pick up your child or receive emergency phone calls if you can't be reached:

1. Name _____ Relationship _____ Home Phone# _____
Work Phone # _____ Cell Phone# _____
Address _____

2. Name _____ Relationship _____ Home Phone# _____
Work Phone # _____ Cell Phone# _____
Address _____

Doctor's Name _____ Phone # _____ Hospital _____

Health concerns or allergies _____

Emergency Policy

In the event that your child becomes ill or injured while attending St. Joseph Catholic School's Extended Day Program all efforts will be made to reach you immediately. If you or your designee cannot be reached, the staff in charge will seek medical attention for your child if deemed necessary.

I give St. Joseph Catholic School's staff my permission to act in my behalf to secure medical attention for my child.

Signature of Parent/Guardian _____ Date _____