

SAS EXTENDED CARE - Drop-In Emergency Form 2020-2021

For Office Use: Check No.: _____ Amount: _____

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Home Address: _____ City: _____

Zip: _____ Student's Home Phone No.: _____

Person responsible for payments: _____ Relationship to Student: _____

Father's Name: _____ **Home No.:** _____

Address (if different from above) _____

Employment: _____ Work Phone No.: _____

Father's Cell No.: _____ E-mail Address: _____

Mother's Name: _____ **Home No.:** _____

Address (if different from above) _____

Employment: _____ Work Phone No.: _____

Mother's Cell No.: _____ E-mail Address: _____

Step-Parent Name: _____ **Employment:** _____

Work Phone No.: _____ Cell No.: _____ E-mail Address: _____

Emergency numbers/other persons (if not listed above) authorized to pick up your child:

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Health Information

Name: _____ VISION ___ ASTHMA ___ OTHER _____

Food/ALLERGIES _____ LIST _____

Name: _____ VISION ___ ASTHMA ___ OTHER _____

Food/ALLERGIES _____ LIST _____

*****PLEASE PRINT INFORMATION ONLY*****

OVER PLEASE

SAS Extended Care

By signing below, you are giving **St. Alphonsus Extended Care** permission to care for your child and you understand the policies stated in the attached letter. Our discipline policies are stated and followed as printed in the SAS student handbook.

Signature

Date

Print Name