

# SAS EXTENDED CARE/Drop-In Emergency

Check# \_\_\_\_\_ 2010-2011  
Amt. \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ (Grade entering 2010-2011)

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone# \_\_\_\_\_ Person responsible for payments \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME# \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ PHONE# \_\_\_\_\_

FATHERS CELL # \_\_\_\_\_ e-mail address \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ PHONE# \_\_\_\_\_

MOTHER'S CELL# \_\_\_\_\_ e-mail address \_\_\_\_\_

STEP-PARENT NAME \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_

“ “ WORK# \_\_\_\_\_ CELL # \_\_\_\_\_ e-mail address \_\_\_\_\_

## Emergency numbers/other persons authorized to pick up your child:

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_

## PHYSICAL HANDICAPS

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: \_\_\_\_\_