



**Holy Sepulcher Catholic School**  
**Extended Care Registration**

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Concerns (medical or other): \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**People authorized to pick up child (besides parents)**

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date