

St Katherine of Siena  
2020-2021 PM Cares Registration Form

Family Name \_\_\_\_\_ Parish ID \_\_\_\_\_

Mom's Full Name \_\_\_\_\_ Dad's Full  
Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Cell number \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Mother work Info name and number to be reached

\_\_\_\_\_

Father work info name and number to be reached

\_\_\_\_\_

Child full Name	DOB	Grade
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\_\_\_\_\_

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ANY ALLERGIES PLEASE LIST \_\_\_\_\_

If EPI pen is need parent must supply in a baggies label with child name

Approximate pick up time for children \_\_\_\_\_

Names of all people that child is allowed to be release to must be 18years old and have ID

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