



ARCHANGEL GABRIEL
CATHOLIC SCHOOL

Extended Day Program

Contact Form

Child's Name: _____

Grade Level: _____

Person(s) to whom child may be released:

1. _____

2. _____

3. _____

*If anyone not listed will be picking up your child, please contact the school office or your child(ren) will not be released to that person.

Person(s) to be contacted in an emergency after school hours:
(Please include their phone number.)

1. _____

2. _____

3. _____

Please list any special dietary or medical information we should be aware of:

For billing: Parent's email: _____

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