

ST. MARY MAGDALEN SCHOOL
dlaganosky@smmschoolde.com
PK THRU 8 AFTER SCHOOL CARE
REGISTRATION FORM

2020-2021

Child's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Birth Date _____

Grade (Sept 2020) _____ Age (Sept 2020) _____

Father's Name _____ Cell Phone # _____

Mother's Name _____ Cell Phone # _____

Email Address _____

Number of days child will attend program (approx). _____
(Minimum six days per month)

Please circle days of the week child will be attending
Monday Tuesday Wednesday Thursday Friday

Does your child have any allergies or special medical problems that we should be aware of? _____

In case of an emergency and we are unable to reach you or an emergency contact, do we have your permission to seek medical assistance for your child?

_____ YES Parent's Signature _____

Emergency Contacts

Name _____ Phone # _____

Name _____ Phone # _____

Child's Physician _____ Phone # _____

**** A \$25.00 Non-refundable Registration fee per Family due with registration.
Please return by June 15, 2020 with Registration Fee
9 Sharpley Rd. Wilmington, DE 19803 ATTN : Ext Care
Any registrations returned after above date are subject
to space availability.**