St. Theresa School

Compassion • Responsibility • Excellence in Learning

540 Washington Avenue Kenilworth, NJ 07033
908-276-7220 fax 908-709-1103

Extended Day Registration

(Before School Care & After School Care)

FAMILY NAME _____

MOTHER'S NAME _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

FATHER'S NAME _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

STUDENT #1

NAME _____ GRADE _____

ALLERGIES/MEDICAL INFO _____

STUDENT #2

NAME _____ GRADE _____

ALLERGIES/MEDICAL INFO _____

STUDENT #3

NAME _____ GRADE _____

ALLERGIES/MEDICAL INFO _____

STUDENT #4

NAME _____ GRADE _____

ALLERGIES/MEDICAL INFO _____

My child(ren) will be part of the *(Please check one).*
___WEEKLY ___MONTHLY
BILLING PLAN FOR THE 2019-2020 SCHOOL YEAR.

AUTHORIZED PICK-UP INFORMATION

The following persons, (including the Parent(s) listed on the reverse side of this form), are authorized to pick-up the children listed on this form:

PERSON #1 _____

PHONE #1 _____ PHONE #2_____

PERSON #2 _____

PHONE #1 _____ PHONE #2_____

PERSON #3 _____

PHONE #1 _____ PHONE #2_____

PERSON #4 _____

PHONE #1 _____ PHONE #2_____

***** SHOULD A FAMILY HAVE SPECIFIC CUSTODIAL ARRANGEMENTS/ORDERS OF PROTECTION, THIS INFORMATION SHOULD BE SHARED WITH THE PRINCIPAL OF ST. THERESA SCHOOL, AND WILL BE KEPT CONFIDENTIAL, SHARED ONLY ON A "NEED TO KNOW" BASIS. ST. THERESA SCHOOL AND THE EXTENDED DAY STAFF WILL ONLY BE ABLE TO RESPECT THESE ORDERS IF A COPY OF THEM HAS BEEN FILED IN THE SCHOOL OFFICE.**