

2018 - 2019

St. Catherine of Siena School Extended Day Program

249 Nahatan Street Norwood MA 02062 (781) 769-5354

Student Information:

Name: _____ Age: _____ Grade _____

Name: _____ Age: _____ Grade _____

Days Attending: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Allergies: _____ Illness/medications: _____

Additional Information:

Parent/Guardian Information

Name: _____ Name: _____

Address _____ Address _____

City/Town: _____ City/Town: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

_____ Home Phone: _____ Home Phone: _____

_____ Email: _____ Email: _____

Student Pick-up Information Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact Information: In the event of an emergency, please list two people (in addition to parent information) who you give permission to pick-up your child from the program.

I give my permission for the Program to administer first aid to my children.

Name: _____ Phone: _____

Name: _____ Phone: _____

By completing and returning this form, I/we are committing that our children) will attend the St. Catherine of Siena Extended Day Program for the days indicated above for the 2018-2019 school year. I/we have read and understand the Admission and Tuition policy.

If your child/ren is new to the program, please enclose a \$40.00 registration fee.