

REGISTRATION FORM

NAME OF SCHOOL: _____

STUDENT'S NAME: _____

STUDENT'S AGE: _____ GRADE: _____ D.O.B. _____

PARENT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EMPLOYER: _____

Emergency Numbers where someone can be reached between 2:30 - 5:30 p.m. any day your child participates:

Number: _____ Relationship: _____

Number: _____ Relationship: _____

Number: _____ Relationship: _____

List any medications, allergies, or limitations requiring special attention: (PLEASE INCLUDE FOOD ALLERGIES): _____

Circle the days your child will be attending: M T W TH F

Who will be picking up your child? _____

At what time? _____

Signature of this individual: _____

Parent's Signature: _____

In joining E.S.D.P., I agree to treat staff members and fellow students with RESPECT, to PARTICIPATE in assigned activities, to USE APPROPRIATE LANGUAGE AT ALL TIMES, and most of all to make this program a POSITIVE EXPERIENCE FOR MYSELF AND MY PARENTS.

Student's Signature: _____ Parent's Signature: _____

RETURN THIS REGISTRATION FORM AND A CHECK FOR \$20.00
TO ST. JOHN'S CATHOLIC SCHOOL.