



\_\_\_\_\_ School Year

Family Name: \_\_\_\_\_

Student/s Name and Grade: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Name of pick-up person/s:

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's Name: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

Alternate Name (someone we can call if we cannot reach either parent) :

\_\_\_\_\_

Phone: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

Any pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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We agree to read and abide by the policies and regulations of the latchkey program as outlined in the St. Mary School Handbook. We understand that statements and reminders are not routinely issued regarding fees and that it is our responsibility to check the posted billing and pay fees in a timely manner.

Parent signature: \_\_\_\_\_

EXTENDED DAY STUDENT INFORMATION