

**NATIVITY SCHOOL
EXTENDED SCHOOL DAY PROGRAM
REGISTRATION**

Student Name _____ Grade _____ Homeroom _____

Address _____ City _____ Zip _____

Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Work # _____ Father's Work # _____

Mother's Cell # _____ Father's Cell # _____

Emergency Contact Person _____

Emergency Contact Person Phone # _____

Names and phone numbers of persons allowed to pick up your child/children from the Nativity Extended Day Program:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Student Allergies _____

Chronic Illnesses _____

Comments: