



St. Michael Catholic School
Adventures Plus Extended Day Childcare Program
Registration Form 2017-2018
Kindergarten & Older

Student's Name: _____ M or F
(First) (Middle Initial) (Last) DOB

Address: _____
(City) (State) (Zip Code)

Home Phone # _____

Grade for 2017-2018 School Year _____

Parental Information:

Marital Status: Married ___ Widowed ___ Separated ___ Remarried ___ Divorced ___ Single ___

Student lives with and when: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Email: _____ Email: _____

Is your child presently receiving services for any special needs? If so, please explain: _____

Does your child have any allergies? If so, please list: _____

As a parent or legal guardian, I hereby certify that the above information is accurate at the time of enrollment.
I understand it is my responsibility to update and make corrections to enrollment forms as needed.

Signature of Parent _____

Date _____

Emergency Contact:

Name: _____ Relationship to family: _____

Home Phone: _____ Cell Phone: _____