

ST. EDWARD CATHOLIC SCHOOL
 2601 SPRING STUEBNER
 SPRING, TEXAS 77389
 281-353-7881

ST. EDWARD EXTENDED DAY REGISTRATION INFORMATION FORM
 2008-2009

PLEASE PRINT - ONLY ONE FORM PER FAMILY IS TO BE COMPLETED.

IF ANY OF THIS INFORMATION CHANGES, IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE OFFICE IMMEDIATELY. THANK YOU!

List all students from your family enrolled in the Extended Day Program

<u>STUDENT(S)</u>	<u>GRADE</u>	<u>AGE</u>	<u>BIRTHDAY</u>	<u>CIRCLE DAYS AND SESSIONS EACH STUDENT WILL ATTEND</u>		
_____	_____	_____	_____	M T W T F	a.m.	p.m.
_____	_____	_____	_____	M T W T F	a.m.	p.m.
_____	_____	_____	_____	M T W T F	a.m.	p.m.
_____	_____	_____	_____	M T W T F	a.m.	p.m.

APPROXIMATE TIME OF PICK-UP: _____

HOME ADDRESS: _____ HOME PHONE: _____

PARENTS: Please put an "X" in front of the parent to be called **first** in the event of an emergency.

_____ Father's Name: _____	BUSINESS PHONE: _____
_____ Mother's Name: _____	BUSINESS PHONE: _____

PLEASE LIST BELOW THE NAMES OF TWO OR THREE RELATIVES OR NEIGHBORS WHO MAY BE CALLED AND WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED IN TIMES OF EMERGENCY, ILLNESS, LATE PICK-UPS, ETC.:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HAVE READ THE S.E.E.D. INFORMATION AND AGREE TO ABIDE BY THE S.E.E.D. REGULATIONS.

PARENT'S SIGNATURE: _____ DATE: _____

Office Use:
 Registration Fee Paid
 Date: _____ Ck.# _____