

St. Joseph School

Extended Day Care Enrollment

Family - Last Name _____

Date of Enrollment _____ / _____ / _____

Student:	Grade		Birthdate	/ /	Allergies	
Student:	Grade		Birthdate	/ /	Allergies	
Student:	Grade		Birthdate	/ /	Allergies	
Student:	Grade		Birthdate	/ /	Allergies	

Father

Last:	First:	Middle:
Address:		City: Zip:
Hm Phone:	Cell Phone:	Wk Phone:

Mother

Maiden / Last:	First:	Middle:
Address:		City: Zip:
Hm Phone:	Cell Phone:	Wk Phone:

Legal / Guardian

Last:	First:	Middle:
Address:		City: Zip:
Hm Phone:	Cell Phone:	Wk Phone:

Emergency Contact

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
---------------------------------------	---------------------------------	---------------------------------	---

Days of Attendance

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 After School Only
 Before School Only
 Before & After School

Allergies

Medical Conditions

Authorized Person(s)

Allowed to Pick-up

Name	Phone /
Name	Phone /
Name	Phone /
Name	Phone /

Parent / Legal Guardian Signature _____

Date _____

Please complete the above Extended Day Care Enrollment Form and return to St. Joseph School Office

St. Joseph School
 6200 E. Willow Street
 Long Beach, CA 90815
 Day Care # 562/ 598-5237