St. Joseph School

Extended Day Care Enrollment

Student: Grade Birthdate / Allergies	Family - Last Name	:								
Student: Grade Birthdate / / Allergies	Date of Enrollment		/ /							
Student: Grade Birthdate / / Allergies										
Student: Grade Birthdate /	Student:		Grade		Birthdate	/ /	Allergies			
Father	Student:	Grade		Birthdate	/ /	Allergies				
Father Last: First: Middle:	Student:		Grade		Birthdate	/ /	Allergies			
Address: City: Zip:	Student:		Grade		Birthdate	/ /	Allergies			
Address: City: Zip:		f			T			T		
Hm Phone: Cell Phone: Wk Phone: Middle:	Father									
Mother Maiden / Last: First: Middle: Address: City: Zip: Hm Phone: Cell Phone: Wk Phone: Legal / Guardian Last: Address: Address: City: Address: City: Address: City: Address: City: Address: City: Address: Cell Phone: Wk Phone: Wk Phone: Days of Attendance Monday After School Only □ Before School Only □ Before & After School □ Allergies Medical Conditions Authorized Person(s) Allowed to Pick-up Name Name Name Phone P					To u.s.		City:	T	•	
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Please complete the above Extended Day Care Enrollment Form and return to St. Joseph School Office

Parent / Legal Guardian Signature

St. Joseph School

Date

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

J.Gianessi 8/28/2012