

**ST. STEPHEN EXTENSION CENTER**  
**REGISTRATION AND EMERGENCY CONTACT INFORMATION**

		GRADE
NAME OF CHILD:	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

I have enclosed the \$50.00 REGISTRATION FEE (per family) \_\_\_\_\_ Check # \_\_\_\_\_

Please check one of the following options:

\_\_\_\_\_ My child will be hourly @ \$5.00 per hour per child.

\_\_\_\_\_ My child will be yearly @ \$2,000.00 per child.

\_\_\_\_\_ \*The yearly and hourly rates are not interchangeable\*

The Extension Center closes **promptly at 5:50 P.M.** There is a charge of \$1.00 per minute after the closing time. Emergency contact information must be provided and registration fees must be paid before your child can attend.

If your child has specific allergies, kindly list them below including all medications.

We require all appropriate allergy medications at the Extension Center at all times.

In case of accident or illness (when a parent cannot be reached), my child may be released to:

Name: _____	Phone # ( ) _____	Cell # ( ) _____
Name: _____	Phone # ( ) _____	Cell # ( ) _____
Name: _____	Phone # ( ) _____	Cell # ( ) _____

PRIMARY CARE PHYSICIAN:

Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Mother's Name: _____	Father's Name: _____
Home # ( ) _____	Home # ( ) _____
Work # ( ) _____	Work # ( ) _____
Cell # ( ) _____	Cell # ( ) _____

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's home address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

The account for the Extension Center is kept separate from St. Stephen School.

Please make checks payable to: ST. STEPHEN EXTENSION CENTER

PARENT SIGNATURE \_\_\_\_\_

Please use the back of this form to list all individuals that your child may be released to for sports and/or other activities.