

St. John Fisher Extended Day Registration

STUDENT INFORMATION

Last Name: _____ First: _____ Grade _____ Rm # _____

Last Name: _____ First: _____ Grade _____ Rm# _____

Last Name: _____ First: _____ Grade _____ Rm# _____

Last Name: _____ First: _____ Grade _____ Rm# _____

Home phone _____

Home Address _____

Allergies _____ Medications _____

Comments or Any Additional Directions _____

PARENT INFORMATION

Father's Last Name: _____ First: _____

Mother's Last Name: _____ First: _____

Father's Cell # _____ Father's E-mail _____

Mother's Cell # _____ Mother's E-mail _____

In case of emergency, we will attempt to contact a parent first. If a parent cannot be reached please list an emergency contact.

Emergency Contact Name _____ Phone _____