



# St Thomas Aquinas Regional School

## Extended Day Registration

\$20 family registration  
 fee required  
 PAID:  
 Check # \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Credit \_\_\_\_\_

### Student Information

Name	Phone	Grade
Address	email	D.O.B.
Start Date:	Withdrawal Date:	
Allergies/Conditions:		

### Parent/Guardian Information

Mother	Father
Name	Name
Address (if Different)	Address (if Different)
Cell Phone	Cell Phone
Place of Employment	Place of Employment
Work Phone	Work Phone

### Sessions (circle all needed)

Mornings	Afternoons	Early Release
A1 6-8 am	B1 3-4pm	ER1 12noon-3pm
A2 7-8 am	B2 3-5pm	ER2 2-3pm
	B3 3-6pm	

### Pick Up Authorizations

Persons <b>Authorized</b> to pick up child:	Facility
	Address
	Date From:                      To:
Persons <b>Not Authorized</b> to pick up:	Facility
<i>(Documentation Required)</i>	Address
	Date From:                      To:

### Daycare History

### Billing / Payment Options (please check)

Billing Method	Payment Method
<input type="checkbox"/> Paper invoice	<input type="checkbox"/> Charge to FACTS
<input type="checkbox"/> Email Invoice:      Email to: _____	<input type="checkbox"/> Check/Cash/Credit Card

Signature	Date
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#### Office Use Only

The above named student currently enrolled at STARS has a copy of his/her :

1. health/shot record on file in the nurse office
2. Birth record on file in the School office

Verified by: \_\_\_\_\_

# EXTENDED DAY EMERGENCY CONTACT FORM

1 Form per Family

STUDENT NAME(S):

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PARENT/GUARDIAN NAME	PARENT/GUARDIAN NAME
CELL	CELL
WORK	WORK
HOME	HOME

To be completed in **full** for Extended Day licensing purposes. Emergency contacts must be 2 persons **OTHER** than the Parents/legal guardian who can be contacted when staff are unable to contact either parent/guardian in an emergency.

<b>EMERGENCY CONTACT 1:</b>	
Name	
Address:	
State:	ZIP:
PHONE:	
PHONE:	
Relationship to Student:	

<b>EMERGENCY CONTACT 2:</b>	
Name	
Address:	
State:	ZIP:
PHONE:	
PHONE:	
Relationship to Student:	