



HOLY SPIRIT CATHOLIC SCHOOL
BE IN THAT NUMBER

Extended Day Registration Form

Parent's Name _____

Children's Names _____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

Mother's Cell # _____ Work # _____

Father's Cell # _____ Work # _____

My child/children will attend on a: **Regular Basis** _____ or **Drop-In (Daily) Basis** ____

Explain any health restrictions or medication taken regularly:

Explain any allergies to medication, insect bites, foods, etc.:

Explain any special circumstance that your child/children may have:

Emergency contact name and phone number in the event that both parents cannot be reached:

Name _____ Phone # _____

Approximate Pick-up Time: _____

Persons authorized to pick up my child/children:

Name _____ Contact # _____ Driver's License # _____

Name _____ Contact # _____ Driver's License # _____

**I am aware of a flat \$2.00 per minute charge if my child is picked up after
6:00 PM.**

Parent Signature _____ Date _____

2024-2025