



Cathedral Academy

EXTENSION PROGRAM INFORMATION SHEET 2010-2011

Grade: _____

Full Time: _____
(2:45-6:00 p.m.)

Part Time: _____
(2:45-4:30 p.m.)

Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies/Braces/Special Needs: _____

Medications: _____

Parent(s): _____
(Mother) (Father)

Phone Numbers: *(you are responsible for updating phone numbers as they change)*

Home: _____

Work: _____

Mobile: _____

Beeper: _____

Birthday: _____ Favorite snacks: _____

Emergency contacts other than parents	Phone		Relationship
	Name	Home	
1.			
2.			

Authorized pick-up other than parents	Phone		Relationship
	Name	Home	
1.			
2.			
3.			

Person **NOT** authorized for pick-up: _____

