



St. Pius V Catholic School

2011-2012 Extended Day Program Application THIS FORM MUST BE FILLED OUT COMPLETELY – LISTING EVERY CHILD ATTENDING

1. Youngest Student Name: _____
Last Name First Name Grade

Names of Siblings Who Will Also Be Attending St. Pius V Catholic School Extended Day:

2. Name of Siblings at SPV: _____
Last Name First Name Grade

3. Name of Siblings at SPV: _____
Last Name First Name Grade

4. Name of Siblings at SPV: _____
Last Name First Name Grade

5. Name of Siblings at SPV: _____
Last Name First Name Grade

Mother: _____ Cell No.: _____
First Last Work No.: _____

Father: _____ Cell No.: _____
First Last Work No.: _____

Emergency names and numbers to be called in the event a parent cannot be reached:

1. Name: _____ Relationship to Student: _____
Home# _____ Work # _____ Cell # _____

2. Name: _____ Relationship to Student: _____
Home# _____ Work # _____ Cell # _____

3. Name: _____ Relationship to Student: _____
Home# _____ Work # _____ Cell # _____

Please list any allergies or special needs for your child(ren). Please continue on back if needed:

Signature of Parent/Guardian: _____ Date: _____