

**St. Madeleine Sophie School
Extended Care Program
Registration Form
2006-07**

Child's Name: _____ Grade: _____

Parent's Name: _____

Phone Numbers (home, work, cell):

The following individuals have my permission to pick up my child (ren) from the St. Madeleine Sophie Extended Care Program:

Adult's Name: _____

My child (ren) will not be released to any other individual unless I have provided written permission to do so.

Parent/Guardian Signature

Date

Note: Parents will be asked to provide emergency information for their child (ren) at the beginning of the school year.