

St. Leo School
120 Main Street
Leominster, MA 01453

EXTENDED DAY REGISTRATION FORM

Child's Full Name: _____ Nickname: _____

Date of Birth: _____

Grade: _____

Parents Names

Mother: _____ Father: _____

Address: _____ (if different) _____

Telephone #: _____ Telephone#: _____

Cell#: _____ Cell#: _____

Other in Family/Relationship

_____/_____
_____/_____

Business Address

Mother-Name of Business _____ Father _____

Address _____

Phone# _____

Work Hours _____

In case of illness, who should be contacted first? Mom _____ Dad _____

Personal History:

Identifying Information

Eye Color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Race _____

Identifying Features _____

Health:

Special conditions or disabilities _____

Allergies(including food) _____

Toilet Habits:

Can your child indicate bathroom needs to an adult? (please indicate any special words)

Does your child have accidents? _____

Is he/she ever reluctant to use the bathroom? _____

Eating Habits:

Food likes and dislikes: _____

Will your child be eating lunch at school? _____

Any special instructions? _____

Play:

Favorite Indoor activity _____

Favorite outdoor activity _____

Social Relationships:

How would you describe your child: _____

Experience with other children: _____

Fears: _____

How do you comfort your child? _____

Please describe your discipline techniques at home: _____

Is there any information that would help the Extended Day Teacher care for your child?

Usual Days of Attendance:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Times: Drop off _____ Pickup _____

Authorization and Consent Form

Child's Name _____

Child's Physician: _____

Phone# _____

Dentist _____

Phone# _____

Emergency Treatment

In the event of any emergency, I authorize the staff to provide first aid care deemed necessary for my child. I understand every effort will be made to contact me in the event of an emergency for my child _____. However, if I cannot be reached, I authorize St. Leo School to transport my child to the local hospital and provide any emergency care deemed necessary for my child.

Parent/Guardian Signature

Date

Authorization for Release

I authorize St. Leo School to release my child to the following persons (other than parents) with prior notification from me. A form of identification must be presented before the child will be released.

Name: _____ Relationship _____

Address _____ Phone# _____

Name: _____ Relationship _____

Address _____ Phone# _____

Name: _____ Relationship _____

Address _____ Phone# _____

Parent/Guardian Signature

Date
