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	
	Father
Address	
Phone#	<u> </u>
Work Hours	
In case of illness, who should be contact	ted first? Mom Dad
Personal History:	
Identifying Information	
	Sex
	Race
Identifying Features	
Health:	
Toilet Habits:	
	to an adult? (please indicate any special words)
Does your child have accidents?	
Is he/she ever reluctant to use the bathro	oom?
Eating Habits:	
Food likes and dislikes:	10
Will your child be eating lunch at school	1?
Any special instructions?	*
Play:	
Favorite Indoor activity	

Favorite outdoor activity			
Social Relationships:			
How would you describe your child:			
Experience with other children:			
Gears:			
How do you comfort your child?			
Please describe your discipline technique	es at home:		
s there any information that would help	the Extended Day Te	acher care for your	child?
Usual Days of Attendance:			
MondayTuesday	Wednesday	Thursday	Friday
Times: Drop off	Pickup		
N1 '1 12 3.T	orization and Conse	nt Form	
Child's NameChild's Physician:		Phone#	
Dentist		Phone#	
n the event of any emergency, I authorize thild. I understand every effort will be m I ransport my child to the local hospital a	Emergency Treatment to the staff to provide the staff to provide the staff to contact me in the However, if I cannot be	first aid care deem the event of an eme e reached, I author	rgency for my child ize St. Leo School to
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