

**NATIVITY CATHOLIC SCHOOL
EXTENDED DAY PROGRAM**

**705 E. Brandon Boulevard
Brandon, Florida 33511
Phone 653-1789**

Informational Form

STUDENT'S NAME _____ GRADE _____ D.O.B. _____
HOMEROOM TEACHER _____ GRADE _____
HOME ADDRESS _____ PHONE NO. _____
FATHER'S NAME _____ WK NO. _____ CEL/BEEPER _____
MOTHER'S NAME _____ WK NO. _____ CEL/BEEPER _____

If not available in an emergency notify:

1. NAME _____ PHONE NO. _____ RELATIONSHIP _____
2. NAME _____ PHONE NO. _____ RELATIONSHIP _____

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MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY ALLERGIES? YES ___ NO ___ IF YES PLEASE LIST THEM _____

IS YOUR CHILD UNDER TREATMENT OF ANY KIND? YES ___ NO ___ IF SO, PLEASE
EXPLAIN _____

IS YOUR CHILD ON ANY MEDICATION? YES ___ NO ___ IF YES, PLEASE IDENTIFY _____

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**MY CHILD MAY PARTICIPATE IN THE FOLLOWING NATIVITY SCHOOL ACTIVITIES WHILE ENROLLED IN
THE EXTENDED DAY PROGRAM:**

ACTIVITY	MEETING LOCATION	MEETING DAY	MEETING TIME
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**ALL STUDENTS ARE TO BE ESCORTED TO THE PROGRAM CLASSROOM IMMEDIATELY AFTER THESESE
ACTIVITIES.**

IN ADDITION TO THE EMERGENCY CONTACTS LISTED, MY CHILD MAY BE RELEASED TO THE FOLLOWING
PERSONS AT ANY TIME:

1. NAME _____ HOME PHONE NO. _____
2. NAME _____ HOME PHONE NO. _____

**I CERTIFY THAT THIS INFORMATION IS ACCURATE. FURTHER, I AGREE TO NOTIFY THE PROGRAM
DIRECTOR IMMEDIATELY OF ANY CHANGES.**

FATHER'S SIGNATURE

DATE

MOTHER'S SIGNATURE

Revised 1/01