

**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 \_\_\_\_\_

\* \* \* \* \*

**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 \_\_\_\_\_

\* \* \* \* \*

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

| ACTIVITY | MEETING LOCATION | MEETING DAY | MEETING TIME |
|----------|------------------|-------------|--------------|
|----------|------------------|-------------|--------------|

**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