

Extended School Service Registration Form

2022-2023

Kindergarten – 8th Grade Only

ST. MARY
SCHOOL



DAYS OF THE WEEK CARE IS NEEDED: (please circle): M T W R F

APPROXIMATE PICK UP TIME: _____

Student Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Parent/Guardian 1 _____ Cell / Work Phone: () _____

Parent/Guardian 2 _____ Cell / Work Phone: () _____

I understand that my child is not to have electronic devices/cell phone on during ESS _____
ESS is considered part of the school day/environment. Parent/Guardian Signature

I grant permission for my child to take part in all ESS activities under supervision of the ESS Director.

Authorized to Pick up Student

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Emergency Contact Information And Medical Treatment

Family Doctor: _____
Name *Phone*

Medical Information _____

Family Health Plan Carrier _____
Policy #

*Name _____ Phone: () _____

Relationship: _____ Date _____

*In the event of an emergency, I hereby give permission to the ESS Director to take whatever steps necessary to obtain emergency medical care, if warranted, when the parent/guardian cannot be contacted.