

St. Regis Extended Care Registration 2017/2018

8945 James A. Reed Rd.

Kansas City, MO 64138

816-763-6566

www.regisschool.org

Family Name: _____

Child(ren) name(s):

Grade:

Address: _____

Child(ren) resides with: _____

Mother'sName _____

Address (if different from child's) _____

Employer _____

Home phone _____

Work phone _____

Cell Phone _____

Email address _____

Father'sName _____

Address (if different from child's) _____

Employer _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Emergency Contacts (3) MUST be able to pick up child (other than parent/guardian):

1. _____ phone # _____ relation to child _____

2. _____ phone # _____ relation to child _____

3. _____ phone # _____ relation to child _____

Other person(s) authorized to pick up _____

Session needed:

_____ A.M. _____ P.M.

Child will attend:

___ M ___ T ___ W ___ Th ___ F

_____ 1/2 days only

Allergies, special needs, other imperative information: (dietary restrictions, social/emotional concerns, etc.)

Deposit Amount Received _____

Check # _____ Cash \$ _____