



# St. Pius V Catholic School

## 2014-2015 Extended Day Program Application

THIS FORM MUST BE FILLED OUT COMPLETELY – LISTING EVERY CHILD ATTENDING

1. Youngest Student Name: \_\_\_\_\_  
Last Name First Name Grade

Names of Siblings Who Will Also Be Attending St. Pius V Catholic School Extended Day, continue on back:

2. Name of Siblings at SPV: \_\_\_\_\_  
Last Name First Name Grade

3. Name of Siblings at SPV: \_\_\_\_\_  
Last Name First Name Grade

4. Name of Siblings at SPV: \_\_\_\_\_  
Last Name First Name Grade

Mother: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
First Last Work No.: \_\_\_\_\_

Father: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
First Last Work No.: \_\_\_\_\_

Emergency names and numbers to be called in the event a parent cannot be reached:

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or special needs for your child(ren). Please continue on back if needed:

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_