

# Cathedral School

## Extended Care Registration

### 2018-2019 Academic Year



Student's Legal Name Last, First, Middle	Nickname (if applicable)	Sex M/F	Birth Date	Grade

All Extended Care payments, including registration, will be collected through FACTS Tuition Management.  
I have already established a FACTS account

☐ Yes

☐ No, please send me the link to create a FACTS account

**Father/Guardian:** \_\_\_\_\_  
Last
First

Home address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_  
Last
First

Home address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Status:   ☐ Married   ☐ Single   ☐ Divorced   ☐ Legally Separated   ☐ Widowed  
Custodial Rights:   ☐ Both   ☐ Mother   ☐ Father   ☐ Guardian   ☐ Other

#### List all persons who are authorized to pick up your child/ren from Extended Care

*(Continue on separate piece of paper if needed)*

Person authorized to pick up	Phone number	Relationship to child

Cathedral School Extended Care uses emergency information provided to the school at the time of registration. An Authorization for Medication Form must be completed for any prescription/non-prescription medication. Lifesaving medication, i.e., Epi-Pens & Inhalers need to be checked into the school office and a set for both school and Extended Care provided. Medication must be transported to and from Extended Care by an adult.

**\*\*\*Please be aware that we have students with severe peanut allergies\*\*\***