

Cathedral School

Extended Care Registration

2016-2017 Academic Year



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

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: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed
Custodial Rights: <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other

List all persons who are authorized to pick up your child/ren from Extended Care		
Person authorized to pick up	Phone number	Relationship to child

All Extended Care payments, including registration, will be collected through FACTS Tuition Management. 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*****