

**St. Bruno Parish School
Extended Care Program Registration
2017-2018**

FAMILY NAME: _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

PLEASE MARK WHICH TYPE OF CARE YOU NEED FOR YOUR FAMILY

___ Before School Care (7:30-8:30 AM) ___ After School Care (3:30-6:00 PM)
___ BOTH

Father/Guardian Name _____

Address

Phone _____ Email _____

Mother/Guardian Name _____

Address (if different from above)

Phone _____ Email _____

We have your **emergency contact information** on file in the school office.

If this information would be different during Before or After School Care, please contact us to fill out an additional form.

