



## St. Regis Extended Care Registration

2023/2024

8941 James A. Reed Rd.

Kansas City, MO 64138

For Registration Call: 816-763-5837

**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** \_\_\_\_\_

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**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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deposit Amount Received \_\_\_\_\_

Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_