



St. Sebastian School serving the Parishes of BVM, QA, SSS

FOR EXTENDED DAY USE ONLY

RETURN ONLY FOR STUDENTS ENROLLED IN THE EXTENDED DAY PROGRAM

EMERGENCY PHONE NUMBERS

Year: _____

IN CASE OF EMERGENCY – PLEASE LIST THE NAMES OF PERSONS WHO CAN ASSIST YOU IN PICKING UP YOUR CHILD/CHILDREN FROM THE EXTENDED DAY PROGRAM BY 6:00 PM IF YOU CANNOT DO SO.

STUDENT NAME: _____ **GRADE:** _____

STUDENT NAME: _____ **GRADE:** _____

EMERGENCY CONTACT: _____

TELEPHONE NUMBER: (CELL) - _____

HOME NUMBER: _____

EMERGENCY CONTACT: _____

TELEPHONE NUMBER: (CELL) - _____

HOME NUMBER: _____

EMERGENCY CONTACT: _____

TELEPHONE NUMBER: (CELL) - _____

HOME NUMBER: _____

PLEASE LIST BELOW ANY ALLERGIES – FOOD, ETC.
