

**EXTENDED CARE PROGRAM**

20\_\_20\_\_ SCHOOL YEAR

NAME OF CHILD \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_ GRADE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S PLACE OF BUSINESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
(In case of emergency only)

MOTHER'S NAME \_\_\_\_\_

MOTHER'S PLACE OF BUSINESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
(In case of emergency only)

**BEFORE SCHOOL** - 7:00 am

**AFTER SCHOOL**

YES \_\_\_\_\_ NO \_\_\_\_\_

2:45 - 4:00 pm \_\_\_\_\_

2:45 - 5:00 pm \_\_\_\_\_

2:45 - 6:00 pm \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

**\*PLEASE RETURN THIS APPLICATION TO GOOD SHEPHERD ACADEMY  
AS SOON AS POSSIBLE.**

OVER-----

**GOOD SHEPHERD ACADEMY**  
*Middle States Accredited Catholic School*  
**24 BROOKLINE AVENUE**  
**NUTLEY, NEW JERSEY 07110**  
**PHONE: 973-667-2049 FAX: 973-661-9259**  
**www.gsanutley.org**

It is mandatory to inform us about the following:

1. The name, address, telephone # of person(s) picking up your child.

A. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship to the child \_\_\_\_\_

B. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship to the child \_\_\_\_\_

2. Any medical problems/and or allergies restricting your child from specific activities or food.

\_\_\_\_\_

\_\_\_\_\_

\*I authorize the release of my child/children **only** to the following persons if I am unable to come for my child/children:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

\_\_\_\_\_  
Parent's Signature

\*When picking-up your child/children from After Care, you **must** use the After Care door **only**.  
**NO OTHER** school entrances will be available for pick-up.

**OVER-----**

**FAMILY INFORMATION & EMERGENCY FORM**

FAMILY NAME _____	<u>EMERGENCY DATA</u>
Home Phone 1: (____) ____ - _____	Emergency Contact #1: _____
Father's Cell: (____) ____ - _____	Emergency Phone #1: (____) ____ - _____
Mother's Cell: (____) ____ - _____	Relationship #1: _____ <i>[relationship to student]</i>
Mailing Title: _____ <i>(example: Mr. &amp; Mrs. Smith)</i>	Emergency Contact #2: _____
Address 1: _____	Emergency Phone #2: (____) ____ - _____
Address 2: _____	Relationship #2: _____ <i>[relationship to student]</i>
City: _____ State: ____ Zip: _____	Emergency Notes: _____

Catholic: YES \_\_\_ NO \_\_\_ Parishioner Status: YES \_\_\_ NO \_\_\_ Parish: \_\_\_\_\_  
*(Member of Holy Family, St. Mary's or Mt Carmel Parish)*

**Other Parish** \_\_\_\_\_

Ethnic Background: \_\_\_ White, not Hispanic Origin \_\_\_ Asian or Pacific Islander  
 \_\_\_ Hispanic \_\_\_ Black, not Hispanic Origin  
 \_\_\_ Multi-Racial \_\_\_ Other: \_\_\_\_\_  
 \_\_\_ American Indian

Extended Care A.M. Yes \_\_\_ No \_\_\_ Extended Care P.M. Yes \_\_\_ No \_\_\_

Father_1 <sup>st</sup> _Name: _____	Mother_1 <sup>st</sup> _Name: _____
Father_Work_Phone: (____) ____ - _____	Mother_Work_Phone: (____) ____ - _____
Father Occupation: _____	Mother Occupation: _____
Father E-mail: _____	Mother E-mail: _____
	Mother's Maiden Name: _____

**STUDENT DATA**

Student's Last Name <i>(if different)</i>	Student's 1 <sup>st</sup> Name	Date of Birth	Grade	Oldest Child (YES or NO)

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, Private or other?

Yes  If Yes, name of Insurance Company \_\_\_\_\_

No  NJFamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Written consent required pursuant to 20 U.S.C. & 1232 (b)(1) and 34 C.F.R. 99.30 (b).