

ST. ANTHONY OF PADUA SCHOOL
STAY 'N' PLAY REGISTRATION FORM

Child's Name _____ *Grade* _____

Number of Days Per Week (approx) _____

Number of Hours Per Day (approx) _____

Approximate Time of Pick-Up _____

*Name of Person/Persons to
pick up your child* _____

Business Telephone Number _____

Home Telephone Number _____

***In the event of an emergency, please supply us with the name and telephone
number of someone we can call if we are not able to reach you.*

Name: _____

Telephone #: _____

Relation to child: _____

*If you wish to register more than one child and the information is the same, please
list the names of any additional children below.*

Name _____ *Grade* _____

Name _____ *Grade* _____