

OUR LADY OF THE LAKE SCHOOL  
26 LAKESIDE AVENUE  
VERONA, NJ 07044  
973-239-1160  
EXTENDED DAY REGISTRATION FORM 2010-2011

**PLEASE PRINT**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ for 2010/2011

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or beeper # \_\_\_\_\_

Person(s) responsible for picking child up and relationship to child:

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's business phone \_\_\_\_\_ cell \_\_\_\_\_

Mother's place of business \_\_\_\_\_

Father's business phone \_\_\_\_\_ cell \_\_\_\_\_

Father's place of business \_\_\_\_\_

In the event that you cannot be reached at the above number, please give another name, Relationship to child and phone number.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**WE WILL NOT RELEASE YOUR CHILD TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS FORM.**

Does your child have allergies? \_\_\_\_\_ If so, Please list \_\_\_\_\_

If an emergency should arise and a parent or guardian cannot be contacted, please complete the following:

Name of family doctor \_\_\_\_\_

Phone number \_\_\_\_\_ Hospital \_\_\_\_\_

Parental signature(s) \_\_\_\_\_

\_\_\_\_\_