St. John the Evangelist School
Extended Day Program
Family Information Data Sheet
2026-2027

All families are required to fill out this form, regardless of participation in the Extended Day program.

Family Name: _____

Student Name(s)	**Grade(s)**	**Age(s)**

Father		**Mother**
Name:		
Address:		
Work Phone:		
Cell Phone:		
Email:		

Please Indicate:

- ☐ Plan on using the Program – SJ Staff Member
- ☐ Do NOT plan on using the Extended Day Program
- ☐ Plan on using the Extended Day Program

Other than parents, please provide names of people authorized to pick up child/ren.

**Note: all individuals who pick up must be 18 years or older.*

Name	**Relationship**	**Telephone Number**

**Child/ren will NOT be released to anyone whose name is not on this form. Exceptions must be cleared with the school office DURING SCHOOL HOURS.*

Please list any allergies or other medical conditions that we should be aware of.

Child's Name	Allergy or Medical Condition