

Holy Trinity Catholic School
EMERGENCY PROCEDURE INFORMATION
 SCHOOL YEAR 2011-2012

STUDENTS

NAME(s): _____

AUTHORIZED PERSON TO PICK UP

NAME: _____ PHONE#: _____

NAME: _____ PHONE#: _____

NAME: _____ PHONE#: _____

NAME: _____ PHONE#: _____

Please check the days your child will be attending and add approximat times.

Family Name	Monday	Tuesday	Wednesday	Thursday	Friday

Extended Care staff & children on occasion may walk to nearby parks or businesses which may include crossing the tracks to local restaurants in downtown Westmont. By enrolling my child (ren) in the Extended Care program, I understand and give my approval for this. I hereby release and indemnify Holy Trinity School, Westmont, Il. Its staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation.

PARENT'S SIGNATURE: _____

OFFICE USE ONLY: Non-Refundable Registration Fee of \$50.00 Paid:

Check Number: _____ Date: _____