



ST. VALENTINE CATHOLIC SCHOOL

25875 Hope • Redford, MI 48239 • (313) 533-7149 • www.stvalentineschool.com

Individual Shadow Day Registration/Instruction Form

- Individual Shadow Days are **open to any student who is currently in 4th through 7th grade.**
- Shadow Days are **available during the school year any day by appointment** beginning in September and ending in May.
- **All visits must be scheduled in advance.**
- Visitors may wear casual dress, but no jeans.
- Bring a lunch and snack for a whole day visit or just a snack for a ½ day visit.

Please complete the section below and return it to the office on the day of the visit.

Whole Day 8:30am-3:15pm Half Day 8:30-11:30am (Please circle)

Name: _____ Gender (circle) Male Female

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Current School/City: _____

Current Grade: _____

Medical Emergency Information

Please list any physical problems, illness, (allergies) that we should be aware of:

Please list two people to contact in case of an emergency:

Name _____ Relation to you: _____

Phone: _____ Other Phone: _____

Name: _____ Relation to you: _____

Phone: _____ Other Phone: _____

The faculty/staff of St. Valentine Catholic School is hereby given permission to give formal first aid to my child. I understand that St. Valentine Catholic School is not to be held liable for the bestowal of such health care. I hereby release St. Valentine Catholic School and all its employees from liability and harm arising to my child during this visit to the school. In the event that parents/guardians cannot be contacted, I hereby give my permission for any necessary emergency treatment that is administered for the welfare of my child.

I, the parent/guardian of the guest, have read the above instructions and agree with their terms.

Signature _____ Date _____