



3418 Noble Avenue  
Richmond, VA 23222  
804 329-7524  
www.allsaintsric.org

## Shadow Day Information & Registration

Dear Parent/Guardian,

We are delighted that your son/daughter will be shadowing for a day at All Saints Catholic School! Below are some guidelines to help your child have a positive experience.

- Please plan to arrive at school between 7:30 -7:45a.m.; please enter through the open glass doors at northwest side of the building. Our principal and/or president will be there to greet you.
- Please plan to pick up your child at 3p.m. from the front office.
- Your child should wear slacks other than jeans, a belt, and a polo or button-down shirt. Shorts that are within two inches above the knees are acceptable in the warmer months. Tennis shoes are acceptable footwear.
- You may elect for your child to enjoy a USDA approved meal for lunch (at no cost) or to send a bag lunch with your child.
- Your child should bring two pencils and a notebook with paper.

Please complete the following information and turn-in the morning of your child's shadow day.

Child's full name \_\_\_\_\_ Current Grade \_\_\_\_\_

Shadow Day Date: \_\_\_\_\_ Will your child need a hot lunch? (circle one) YES NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please describe any allergies or medical conditions for which your child has been diagnosed.

\_\_\_\_\_

*If your child needs to receive medication during the time he/she will be with us, please provide the medication and attach written instructions and consent for administration of the medication. Please share any pertinent information needed by the administration/teacher:* \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, authorize All Saints Catholic School to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date