

**2023/24 EXTENDED CARE & PRESCHOOL DAYCARE REGISTRATION**  
**(\$30 REGISTRATION FEE PER CHILD IS DUE WITH APPLICATION)**  
*Child must currently be enrolled at St. Mary Catholic School*

***Student Information***

Name _____	Birthdate _____ / _____ / _____	Grade _____
Name _____	Birthdate _____ / _____ / _____	Grade _____
Name _____	Birthdate _____ / _____ / _____	Grade _____
➔ Address _____	City _____	Zip _____

***Parent Information***

Mother's Name _____	Day Phone # (____) _____
Father's Name _____	Day Phone # (____) _____
Mother's Email _____	Father's Email _____

***Release Authorization*** (List 3 people, other than parents, permitted to pick up you child from Extended Care or in case of an emergency)

Name _____	Relationship _____	Phone (____) _____
Name _____	Relationship _____	Phone (____) _____
Name _____	Relationship _____	Phone (____) _____

\*Please supply a note to your child's teacher verifying which days the child will attend the Extended Care Program. Daily fee is **\$4.75/ hour** with a late fee of \$1.00/ minute after 6:00pm. Hours of operations are 6:30am-6:00pm Monday through Friday. Payments must be received by the 20th of each month to continue using the program.

***Medical Information*** (List any allergies, medical, or dietary needs for your child \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

***Parent Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*ELECTRONIC DEVICES ARE NOT PERMITTED**

(Refer to Parent/ Student Handbook)

OFFICE USE: Amt _____ Cash or Check# _____ Date ____ / ____ / ____
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