



*St. Mary Catholic
Extended Care/Preschool Day Care Programs*

Registration Form

2026-2027

Student(s) Information:

Name_____ D.O.B._____ Gr._____

Name_____ D.O.B._____ Gr._____

Name_____ D.O.B._____ Gr._____

Address_____ City_____

Zip Code_____

Mother's Name_____ Daytime Phone(_____)_____

Father's Name_____ Daytime Phone(_____)_____

Email Address_____

Please list three people (other than parents) authorized by you to pick up your child/children from Extended Care or in an emergency.

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

****A written note must be sent to the classroom teacher(s) stating the days your child/children will be attending Extended Care/Preschool Daycare. Our fee is \$6.00 per hour. Hours of operation are 6:30am-5:30pm. A late fee of \$1.00 per minute charged after 5:30pm. You will be billed at the end of each month. *Payment must be received by the due date to continue use of the program.***

Medical Information: *Please note any allergies, medical or dietary needs for your child/children*

\$50.00 Annual Registration Fee, PER CHILD, is due with application

***** The Extended Care Handbook is available on the SMS website *****

Parent Signature_____ Date_____

*******NO ELECTRONIC DEVICES ALLOWED*******

Extended Care Use: Cash or Check #_____ Amt._____ Date_____