

2024/25 EXTENDED CARE & PRESCHOOL DAYCARE REGISTRATION
(\$50 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 your 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 **\$5.00/ 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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