

**2022/23 EXTENDED CARE & PRESCHOOL DAYCARE REGISTRATION**

**(\$25 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 \_\_\_\_\_

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

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3) 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 6:00am-6:30pm 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 ____/____/____