



2019 / 2020 REGISTRATION Extended Care/ Preschool Day Care Programs

Student(s) Information:

Name _____ D.O.B. ___/___/___ Grade _____

Name _____ D.O.B. ___/___/___ Grade _____

Name _____ D.O.B. ___/___/___ Grade _____

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 \$4.00 per hour. Hours of operation are 6:30am-6:00pm. A late fee of \$1.00 per minute charged after 6:00pm. You will be billed at the end of each month. Payment must be received by the 20th of each month to continue use of the program.**

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

\$25.00 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 ___/___/___