

## Extended Day Care Registration

Registration fee is \$10 per family. Cost is \$3.50 per hour per student.

The person filling out this form is:

Mother

Father

Guardian

Step-Parent

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Are there specific custodial arrangements regarding the student(s)? Yes  No

If you answered yes please specify here.

Original Court Documents must be presented to the school principal for review. The school is bound by the original court documents regarding custodial relationships and unless the documents state otherwise, non-custodial parents have equal access to their child.

If someone other than the person who filled out this form is to meet your child or children, please state the name, relationship and provide contact information for these persons. They would also serve in case of emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Name

Grade

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

By turning in this form I verify that I have filled out and turned in the Acknowledgement of Medication Information Form (form# 07-M108) and the Medication Authorization Form (form# 07-M109) in the school main office for each student listed above. No student may participate in the Extended Day Program unless these forms have been filed in the main office.

In case of a medical emergency, 911 will be called and the parent or guardian will be promptly notified. If the parent or guardian is unavailable we will use the emergency contacts listed above.

How will you use the program? Try to be as accurate as possible.

**Daily Service**

AM Drop Off Time \_\_\_\_\_

PM Pick Up Time \_\_\_\_\_

**Specific Day Service** (*check all that apply*)

Monday  Tuesday  Wednesday  Thursday  Friday

AM Drop Off Time \_\_\_\_\_

PM Pick Up Time \_\_\_\_\_

**Occasional User**

Please inform the school when the child or children will be attending.

I have read the Policies and Procedures for the Extended Day Service of Christ Our Savior Catholic School (form# 08-111).

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>	
Registration Date _____	Received By _____
Registration Fee _____	Check # _____
Cash <input type="checkbox"/>	Receipt <input type="checkbox"/>