

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 _____

Office Use Only

Registration Date _____ Received By _____

Registration Fee _____ Check # _____ Cash Receipt