

ST. PHILIP THE APOSTLE SCHOOL — EXTENDED DAY CARE REGISTRATION

FAMILY NAME _____ HOME PHONE _____

HOME ADDRESS _____

IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW — PLEASE NUMBER (1),(2),(3),(4):

<input type="checkbox"/> CONTACT MOTHER AT _____(PLACE) ADDRESS _____ WORK PHONE _____ CELL PHONE _____	<input type="checkbox"/> CONTACT FATHER AT _____(PLACE) ADDRESS _____ WORK PHONE _____ CELL PHONE _____
<input type="checkbox"/> OTHER CONTACT _____(RELATIONSHIP) ADDRESS _____ WORK PHONE _____ CELL PHONE _____	<input type="checkbox"/> OTHER CONTACT _____(RELATIONSHIP) ADDRESS _____ WORK PHONE _____ CELL PHONE _____

TAKE TO EMERGENCY HOSPITAL _____
 (THIS WOULD ONLY OCCUR IN AN EMERGENCY SITUATION. UNLESS DEEMED CRITICAL, THE ABOVE CONTACTS WOULD BE NOTIFIED FIRST.)

PLEASE CIRCLE ONE OF THE FOLLOWING OPTIONS:

(OPTION 1) I AM PLANNING TO USE THIS PROGRAM REGULARLY AND WILL NORMALLY DROP OFF/PICK UP MY CHILD(REN) UP AT THE FOLLOWING TIMES—PLEASE CIRCLE THE INTENDED TIMES:

MONDAYS	(Drop off) 7:00 7:15	(Pick up) 3:15 3:30 3:45 4:00 4:15 4:30 4:45 5:00 5:15 5:30
TUESDAYS	(Drop off) 7:00 7:15	(Pick up) 3:15 3:30 3:45 4:00 4:15 4:30 4:45 5:00 5:15 5:30
WEDNESDAYS	(Drop off) 7:00 7:15	(Pick up) 3:15 3:30 3:45 4:00 4:15 4:30 4:45 5:00 5:15 5:30
THURSDAYS	(Drop off) 7:00 7:15	(Pick up) 3:15 3:30 3:45 4:00 4:15 4:30 4:45 5:00 5:15 5:30
FRIDAYS	(Drop off) 7:00 7:15	(Pick up) 3:15 3:30 3:45 4:00 4:15 4:30 4:45 5:00 5:15 5:30

(OPTION 2) I DO NOT INTEND TO USE THE PROGRAM REGULARLY, BUT I AM REGISTERING MY CHILD(REN) SO THAT I MAY USE THE PROGRAM AS NEEDED.

NAME	GRADE	LIST FOOD ALLERGIES	SPECIAL INTERESTS (HOBBIES, GAMES, ETC)
CHILD #1 _____	_____	_____	_____
CHILD #2 _____	_____	_____	_____
CHILD #3 _____	_____	_____	_____
CHILD #4 _____	_____	_____	_____

PLEASE INCLUDE ANY OTHER SPECIAL NEEDS/CONCERNS ON THE BACK OF THIS FORM

EXTENDED CARE STARTS AT 3:00 PM AND CONTINUES AT A RATE OF \$5 PER HOUR OR \$1.25 PER 15 MINUTES. A LATE FEE OF \$1 PER MINUTE WILL BE ASSESSED AUTOMATICALLY FOR EACH CHILD NOT PICKED UP BY 5:30PM. A TIME CLOCK WILL BE USED TO RECORD EXIT TIME. FAMILIES WILL BE BILLED MONTHLY BASED ON THE DAILY TIME CARDS.

PAYMENT IS DUE BY THE 10TH OF THE MONTH FOLLOWING SERVICES RENDERED. IF PAYMENTS ARE NOT CURRENT, CHILDREN WILL BE INELIGIBLE TO CONTINUE UNLESS BALANCE IS PAID IN FULL.

- **REGISTRATION FEE: \$20 PER FAMILY TO BE PAID UPON REGISTRATION**
- PLEASE NOTIFY THE SCHOOL OFFICE AND COMPLETE A NEW REGISTRATION FORM IF ANY INFORMATION CHANGES.

PARENT / GUARDIAN SIGNATURE _____ DATE _____