

Student Last Name: _____

Sandusky Central Catholic School
Extended Day Program/ School days 2:30pm – 6:00pm/ Preschool – 5th grade
2018-2019 Registration Form

NON REFUNDABLE REGISTRATION FEE: \$35 PER FAMILY

Parent/Guardian: _____ Relationship to Child: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Additional Contact Information for Emergency Use Only:

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

1st Child's Name: _____ Grade: _____ Gender: _____

Does this child have allergies? _____ If yes, please list: _____

Additional comments or concerns: _____

2nd Child's Name: _____ Grade: _____ Gender: _____

Does this child have allergies? _____ If yes, please list: _____

Additional comments or concerns: _____

3rd Child's Name: _____ Grade: _____ Gender: _____

Does this child have allergies? _____ If yes, please list: _____

Additional comments or concerns: _____



Last Name of Child: _____

Extended Day Release Form

This is a list of all persons that you want authorized to pick up your child/children. Make sure to include yourself on the list. If you wish to add more names to the list, you must fill out a new sheet with the Director. You will not be able to call the school to add new names to the list. Only those listed below will be allowed to take the child/children. The person picking up with child/children must have a photo ID. For the safety of your child/children, there are no exceptions to these rules. Please add all names that you think may be possibly picking up your child in your absence.

NAME AND RELATIONSHIP TO CHILD	PHONE NUMBER
Parent/Guardian:	
Parent/Guardian:	

Parent Signature: _____ Date: _____

Student Last Name: _____

Sandusky Central Catholic School
Extended Day Program
2018-2019

Please read and check each item on the left column.

	I understand that I am enrolling my child/children for the current school year.
	I understand that the Extended Day Program is open according to the official school calendar of SCCS.
	I understand that I will be billed bi-weekly. Payments are due in a timely manner; unpaid balances may lead to dismissal from the program. The current rate for the Extended Day Program is \$4.00 per hour, per child in attendance.
	The program staff will assume responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instructions for departure noted on the release form.
	If a medical emergency arises, the program staff will first attempt to contact me. If I cannot be reached, they will contact the additional contact person as provided on the registration form.
	I understand that there is a one hour minimum charge for each Extended Day session my child attends.
	I understand that if my child will not be attending Extended Day on a regularly scheduled day of attendance, I must notify the director of the absence. If my child is absent from school, the office will notify the director.
	I understand there will be an additional charge of \$15.00 per 15 minute increment for late pick up, after 6:00 pm.

I have reviewed this information and agree to abide by these terms and conditions.

Parent Signature: _____ **Date:** _____

Please mail or return this form to: **Extended Day Program**
Sandusky Central Catholic School
410 W. Jefferson Street
Sandusky, OH 44870

Office use only (registration) \$ _____ Date: _____ Rec'd by: _____