

SES Extended Day Care

Family Name _____

Home Address _____ City _____

Zip Code _____ Home Phone _____

Father's Name _____ Father's Cell _____

Employer _____ Work # _____

Father's Email _____

Mother's Name _____ Mother's Cell _____

Employer _____ Work # _____

Mother's Email _____

Emergency Contact _____ Phone _____

Relationship _____

Child Name _____ Gender M F

Birthdate _____ Grade _____ Rm _____

Allergies _____ Medical Conditions _____

Child Name _____ Gender M F

Birthdate _____ Grade _____ Rm _____

Allergies _____ Medical Conditions _____

Child Name _____ Gender M F

Birthdate _____ Grade _____ Rm _____

Allergies _____ Medical Conditions _____

Registration:

\$50.00 per child (non-refundable)

\$15.00 Sports ONLY registration fee per child

Hourly Rates: \$11.00 /1 child \$15.00/2 children \$19.00/3 children \$23.00/4+ children

2
0
2
5

2
0
2
6

Rates may be paid by the quarter hour. Paperwork is kept for a period of 5 years.

WHOM SHOULD WE CALL IF YOUR CHILD IS NOT PICKED UP BY 6:00PM AND WE CANNOT REACH YOU BY PHONE? (\$20 LATE FEE PAST 6pm)

Name _____ Phone Number: _____

Parent/Guardian

Signature _____ Date _____

For the safety and protection of your child (ren) and yourself, we ask that you provide us with the following information:

Parent/Guardian with legal custody _____

Any legal documents regarding child custody or a restraining order should be on file in the school office.

Parents are: Married _____ Living Together _____ Divorced _____ Separated _____

Widowed _____ Single _____

Person(s) authorized to pick up my child(ren):

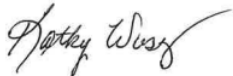
Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

NOTE: If your child (ren) will be picked up by someone else, we will ask to see a picture ID. Please inform your authorized pick up person to have it with them.

Sincerely,



**Kathy Wosz
Director
St. Emily Extended Care Program**