

SES Extended Day Care

Family Name _____

Home Address _____ City _____

Zip Code _____ Home Phone _____

MOM Cell Phone _____ DAD Cell Phone _____

Email address _____

Father's Name _____

Employer _____ Work # _____

Mother's Name _____

Employer _____ Work # _____

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: \$30 per child (non-refundable) \$10.00 Sports ONLY registration fee

Hourly Rates: \$6.00 /1 child \$9/2 children \$12/3+ children

Rates are paid by the hour. NO credit will be given for days absent from Extended Care.
Forms not returned by Friday as indicated on the form will be charged a \$10 late fee.
Paperwork is kept for a period of 5 years.

Parent/Guardian

Signature _____ Date _____

2
0
1
7

2
0
1
8

Dear Extended Care Parents,

For the safety and protection of you 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

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,

Mrs. Kathy Wosz
Director
St. Emily Extended Care Program