

# 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: \$30.00 per child (non-refundable) \$10.00 Sports ONLY registration fee  
Hourly Rates: \$8.00 /1 child \$11.00/2 children \$14.00/3+ children

*Children registered after Friday August 14 will pay a \$40.00 per child (non-refundable) registration fee.*

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Rates may be paid by the quarter hour. NO CREDIT WILL BE GIVEN FOR DAYS ABSENT FROM EXTENDED CARE. Forms not returned by return date indicated on the form will be charged a \$10 late fee. 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 EXPECTED 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**