

# 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: \$9.00 /1 child \$13.00/2 children \$17.00/3+ children

***DUE DATE FOR THIS FORM IS FRIDAY AUGUST 12<sup>TH</sup>. If THIS FORM IS RECEIVED AFTER 8/12 THE REGISTRATION FEE GOES TO \$40.00 PER STUDENT.***

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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