ST. SYMPHOROSA SCHOOL EXTENDED DAYCARE **FAMILY** REGISTRATION FORM

SCHOOL YEAR 2013-2014

	FOR OFFICE USE ONLY	
\$20 Z	Registration Date: Sheck # Cash Receipt #	
nor Family	Amount Paid Initials	-
Per l'anni		

FAMILY LAS	FAMILY LAST NAME		STUDENT(S) HOME ADDRESS		CITY / STATE / ZIP		
					V		
	PRIMARY CONTA	CT INFORMATIO	N (NOTE: THI	S WILL BE THE P	RIMARY EMERGENCY CONT	ACT)	
Last Name	First Name	Relationship	Home Phone	Cell Phone	Employer Name	Work Phone Ex	đ.
SECONDARY CONTACT INFORMATION (NOTE: THIS WILL BE THE SECONDARY EMERGENCY CONTACT)						ONTACT)	
Last Name	First Name	Relationship	Home Phone	Cell Phone	Employer Name	Work Phone Ex	d.
STUDENT #1 INFO	RMATION						
Last Name	First Name	Birthdate	Grade/Room #	Male / Female	List Known Allergies	Medicines	
				M F			
STUDE	NT #2 INFORMA	TION					
Last Name	First Name	Birthdate	Grade/Room #	Male / Female	List Known Allergies	Medicines	
				M F			
	STUDENT #	#3 INFORMATI	ON				
Last Name	First Name	Birthdate	Grade/Room #	Male / Female	List Known Allergies	Medicines	
				M F			
		STUDENT	#4 INFORMAT	ION			
Last Name	First Name	Birthdate	Grade/Room #	Male / Female	List Known Allergies	Medicines	
				M F			
LIST ANY OTHER A			()		on on School Days: AM: 6:45 -		00
Last Name	First Name	Home Phone	Cell Phone	<u>DayCare Room is located in a classroom (I-101) @ 6148 S. Mason Ave.</u> Registration and Service Fees:			
				\$30.00 "Family" registration fee (non-refundable) due with this application.			
				Rate: \$4.50 per	hour for 1 child, \$8.00 per hour	for 2 or more children.	
LIST ANY OTHER P	PERSONS AUTHOR	RIZED TO PICK-II	P CHII D(REN)	· ·	arter hour" for time used. Late I		
Last Name	First Name	Home Phone	Cell Phone	per minute for each minute after 6:00 pm. Billing for the week is sent home in the following Thursday envelope and payments are due by the end of the			
					ilies who are more than 2 wee		
				allowed to return to Extended Day Care until all charges have been			
				satisfied.			

Parent/Guardian Signature	Date	