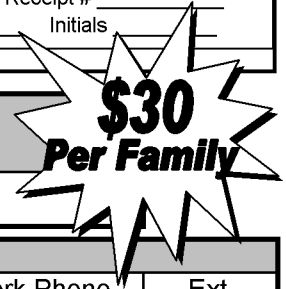




2015-16 School Year EXTENDED CARE REGISTRATION

FOR OFFICE USE ONLY			
Registration Date:			
Check #	Cash Receipt #		
Amount Paid	Initials		



FAMILY LAST NAME	STUDENT(S) HOME ADDRESS	CITY / STATE / ZIP

PRIMARY CONTACT INFORMATION (NOTE: THIS WILL BE THE PRIMARY EMERGENCY CONTACT)							
Last Name	First Name	Relationship	Home Phone	Cell Phone	Employer Name	Work Phone	Ext.

SECONDARY CONTACT INFORMATION (NOTE: THIS WILL BE THE SECONDARY EMERGENCY CONTACT)							
Last Name	First Name	Relationship	Home Phone	Cell Phone	Employer Name	Work Phone	Ext.

STUDENT #1 INFORMATION						
Last Name	First Name	Birthdate	Grade/Room #	Male / Female	List Known Allergies	Medicines
				M F		

STUDENT #2 INFORMATION						
Last Name	First Name	Birthdate	Grade/Room #	Male / Female	List Known Allergies	Medicines
				M F		

STUDENT #3 INFORMATION						
Last Name	First Name	Birthdate	Grade/Room #	Male / Female	List Known Allergies	Medicines
				M F		

LIST ANY OTHER ADDITIONAL EMERGENCY CONTACT PERSON(S)			
Last Name	First Name	Home Phone	Cell Phone

LIST ANY OTHER PERSONS AUTHORIZED TO PICK-UP CHILD(REN)			
Last Name	First Name	Home Phone	Cell Phone

Hours of Operation on School Days: AM: 6:45 - 7:45 PM: Dismissal - 6:00

DayCare Room is located in a classroom (I-101) @ 6148 S. Mason Ave.

Registration and Service Fees:

\$30.00 "Family" registration fee (non-refundable) due with this application.
 Rate: \$5.00 per hour for 1 child, \$9.00 per hour for 2 or more children.
 Billed on the "quarter hour" for time used. Late Pick-up fee Charge: \$1.00 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 next week. **Families who are more than 2 weeks past due will not be allowed to return to Extended Day Care until all charges have been satisfied.**

Parent/Guardian Signature _____ Date _____