

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 11. If this form is received after 8/11, the registration fee will be \$40 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**