

**ST PATRICIA SCHOOL
EXTENDED DAY REGISTRATION FORM**

FAMILY INFORMATION (Please Print)

Family name (s) _____ A.M. care _____ and or P.M. care _____

Home phone (s) _____ - _____ - _____

Address _____ City _____ Zip _____

Mother's Name _____ Father's Name _____

Work phone _____ - _____ - _____ Cell _____ - _____ - _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Child's Name	Grade	Allergies/ Describe reaction/Action needed

FEEES

Registration Fees: A.M. Care \$25.00/Family _____ A.M & P.M. Care \$ 75.00 /child _____

The Extended Day Program (P.M.) is in operation from 3:00 p.m. until 6:00 on regular school days. Half days begin at 11:30 and end at 6:00. A late charge is assessed after 6:00. The Extended Day (A.M.) is from 6:30 to 7:45 A.M. (6:00 a.m. upon request)

1 Child \$ 6.00/hour **2 children** \$8.00/hour **3 or more children** \$10.00/hour

List all the people you approve for picking up your child along with cell phone information

Please estimate the time you will be picking up your child: ____:____

Parents Signatures: I have read and understood the Extended Day Handbook

Mother: _____ Date: __/__/__ Initials _____ Date: __/__/__

Father: _____ Date: __/__/__ Initials _____ Date: __/__/__

Guardian: _____ Date: __/__/__ Initials _____ Date: __/__/__

By law, the State of Illinois requires school personnel to inform the Department of Children and family Services of any allegation/suspicion of child abuse/neglect.
5/2/2019 cm