

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

EMERGENCY CONTACTS

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

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

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

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

FEES

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.