

**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** \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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** \$ 8.00/hour **2 children** \$10.00/hour **3 or more children** \$12.00/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.