# 2022-23 School Year
# EXTENDED CARE REGISTRATION

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

***REGISTRATION FEE SHOULD BE ATTACHED AND CHECKS SHOULD MADE PAYABLE TO: "ST. SYMPHOROSA SCHOOL"***

**$45 Per Family**

| 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**: 6:30 - 7:45 **PM**: Dismissal - 6:00

**Day Care Room is located in a classroom (I-102) @ 6148 S. Mason Ave.**

**Registration and Service Fees:**
$45.00 "Family" registration fee (non-refundable) due with this application.
Rate: $6.00 per hour for 1 child, $11.00 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. DAYCARE IS UNDERGOING AN UPDATE, PLEASE LOOK FOR MORE INFORMATION IN THE NEAR FUTURE.

**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 _____