



# 2023-24 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 BE MADE PAYABLE TO: "ST. SYMPHOROSA SCHOOL"



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: \$6.50 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. PLEASE BE SURE TO CHOOSE ONLINE INVOICING THROUGH FACTS OR A PAPER INVOICE OPTION FOR YOUR FAMILY. Billing goes out to families once a month with a due date at least 10 days later.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_