

St. Jude School

Extended Day Registration Form

Family Name _____

Address _____

City _____ Zip _____

Mother/Guardian: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

E-mail _____

Father/Guardian: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

E-mail _____

(1) Child Information

First Name _____ Last Name _____ Grade _____

List any existing medical conditions, medications and/or special attention your child may require?

Allergies: _____

(2) Child Information

First Name _____ Last Name _____ Grade _____

List any existing medical conditions, medications and/or special attention your child may require?

Allergies: _____

(3) Child Information

First Name _____ Last Name _____ Grade _____

List any existing medical conditions, medications and/or special attention your child may require?

Allergies: _____

(4) Child Information

First Name _____ Last Name _____ Grade _____

List any existing medical conditions, medications and/or special attention your child may require?

Allergies: _____

*****OVER*****

If a parent or guardian cannot be reached, list alternatives below:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List of people authorized to pick-up child including yourself.

Name of Adult _____ Relationship _____

Name of Adult _____ Relationship _____

Name of Adult _____ Relationship _____

Name of Adult _____ Relationship _____

I understand that the above-captioned are the only person(s) designated to pick up my child/children from St. Jude Extended Day program. In the event that another person, not listed above is going to pick up my child(ren) at any time, I will notify the program or school office of any change.

Signature _____ **Date** _____

The cost will be \$4.00/hr. per child.

Please be aware that extended day services for your child will not be available unless your account is kept current within 10 days of each invoice date. Families with past due accounts will need to make other arrangements until payment is made.

I am aware of the specifications of the extended day billing agreement. Parents will be set up on automatic withdrawal or will need to make payments online through the Parent Portal of the Extended Day software.

Signature _____ **Relationship** _____ **Date** _____