

Extended Care Enrollment Form

Student name: _____ Grade _____ Homeroom _____

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Parent/guardian name(s) and email addresses - Please print carefully.

Extended care fee: \$9.50/one child, \$13.50/two children, \$15.50/3 or more children

Parents will be billed monthly. Payments expected monthly.

Please indicate your likely extended care needs: (You are not tied down to this. This helps us in planning.)

Extended Care needs: please circle expected use.

Monday - am/pm Tuesday - am/pm Wednesday - am/pm Thursday - am/pm Friday - am/pm Intermittent

Signature of parent/guardian _____ Date _____

OFFICE USE: ENROLLMENT FEE PAID Check number _____

Existing Family:	\$ _____	\$20/a.m or p.m.	\$30/both
Morning <u>OR</u> Aftercare	\$ _____	\$35/one child	\$45/family
Both Morning <u>AND</u> Aftercare	\$ _____	\$50/one child	\$60/family

Signature of authorized staff member: _____ Date _____

Holy Family Catholic School
Extended Care Emergency Care Information 2020-2021

Last name: _____
First name _____ Date of Birth _____ Homeroom _____

****Allergies/concerns: _____

First name _____ Date of Birth _____ Homeroom _____

****Allergies/concerns: _____

First name _____ Date of Birth _____ Homeroom _____

****Allergies/concerns: _____

Name: Mother _____ Father _____ Guardian _____

cell phone: _____

work phone : _____

Address _____

Authorized adults other than parents who may sign your child out or who may be contacted in case of illness or emergency (**These adults will be required to show a photo ID and/or provide the code word**):

Name	Relationship	Phone	May we contact i.c.o illness/emergency?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Name any person(s) to whom your child should **NEVER** be released: _____

******CODE WORD TO BE PROVIDED BY PARENT/AUTHORIZED PERSON AT PICK UP (This can be the same code word used for preschool):**

_____ (Your child should **NOT** know this word. Adult will be asked for code word and/or photo I.D.)

Special concerns: _____

Physician name and phone number: _____

Dentist name and phone number : _____

Insurance provider name/policy or group number _____

In the unlikely event of an emergency, I give permission for my child to be transported to _____ as deemed necessary by local EMS personnel.

List any special needs or information regarding your child that may be shared with emergency personnel: _____

Parent/guardian signature _____ Date _____