

**ST. CHARLES BORROMEIO SCHOOL  
2021-2022 EXTENDED DAY CARE PROGRAM**

Cost: AM: 1<sup>st</sup> child - \$5.50 per day  
 2<sup>nd</sup> child - \$4.50 per day  
 3<sup>rd</sup> child - \$2.50 per day

PM: \$4.00 per child per hour

**STUDENT NAME(S):**

**GRADE FOR 2021-2022**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My child(ren) will attend the St. Charles School Extended Day Care program on:

Day	AM/PM	AM Drop Off/PM Pick-up Time
____ Monday	____/____	____/____
____ Tuesday	____/____	____/____
____ Wednesday	____/____	____/____
____ Thursday	____/____	____/____
____ Friday	____/____	____/____
____ *As needed		

**Mother's Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Work #** \_\_\_\_\_

I, \_\_\_\_\_, authorize the following person(s) to pick up my child(ren) from  
 Parent/Guardian  
 St. Charles Extended Day Care:

1) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Please give any additional restrictions or qualifications you deem necessary regarding this pick-up authorization.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_ Attached is my non-refundable \$10 registration fee  
 \_\_\_\_ cash \_\_\_\_ check \_\_\_\_ date

\_\_\_\_ I have received and read the Extended Day Care  
 Program Handbook (available on the website)