

HOLY CROSS EXTENDED CARE REGISTRATION FORM 2016-2017 SCHOOL YEAR



Please choose which session(s) you are Registering for

Morning Session
6:40 am to 8:10am
\$14.00 per week/per child

After Pre-School Session
(Monday - Friday "AM" Preschool Class Only)
11:30am - 3:15pm
\$56.00 per week/per child
(Afternoon snack included in price)
Purchase a School Hot Lunch or bring a sack lunch

After School Early Session
3:15pm to 4:30pm
\$19.00 per week/per child for the First Two
Children from the same family
\$14.00 per week for each additional child
(Afternoon snack included in price)

After School Late Session
3:15pm to 6:00pm
\$41.00 per week/per child for the First Two
Children from the same family
\$27.00 per week for each additional child
(Afternoon snack included in price)

A non-refundable registration fee of \$50.00 is due at registration.

Unless an exception is made by the business office, re-enrollment in a subsequent semester will be denied if payments are not current.

Child's Name _____ Nickname Used _____
Last First M.I. Age _____ Grade: _____ Date of Birth: _____ Gender: Male Female

Child's Name _____ Nickname Used _____
Last First M.I. Age _____ Grade: _____ Date of Birth: _____ Gender: Male Female

Child's Name _____ Nickname Used _____
Last First M.I. Age _____ Grade: _____ Date of Birth: _____ Gender: Male Female

Parent/Guardian Home Address and Employment Information:

Child Lives With (circle one): Both Parents Mother Father Guardian

Father (or Guardian)
Name: _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____ EXT _____
Email Address: _____

Mother (or Guardian)
Name: _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____ EXT _____
Email Address: _____

**** (Please fill out Reverse side of form) ****

Person(s) to whom the child(ren) may be released by the caregiver and emergency contact when a parent cannot be reached.

Name: _____
Relationship: _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: _____
Cell Phone: _____

Name: _____
Relationship: _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: _____
Cell Phone: _____

Consent to contact physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to Holy Cross to contact:

Name of Physician: _____ Phone: _____
and, if necessary, take my child to the following clinic or hospital: _____

Company providing health and/or accident insurance coverage: _____

Child's Medical Information:

Any health problems which caregiver should know regarding any of the children: _____

Medication, if any: _____

Physical Limitations: _____

Any activities child should NOT engage in: _____

Extended care bills are sent out the week of each month and are due by the 15th. A late payment fee of \$20 will automatically be charged to your account if payment is not received by the 15th. Thanksgiving break, Christmas break, and Easter break are not billed. All other weeks will be charged at the weekly fee. We cannot charge for partial weeks due to staffing and placement.

Extended Care Handbook Acknowledgment :

We have read and understand all the provisions set forth in the Holy Cross Extended Care Program Handbook. We pledge our cooperative support of these policies.

Signature of Parent (Guardian) Date

(For Office Use Only)

DATE REGISTERED: _____

\$50.00 Non-Refundable Registration Fee Received _____ **Cash** _____ **Check#** _____.

Notes: