PreK- 3 & PreK-4 EXTENDED DAY PROGRAM

(PreK3 students must be 3-yrs-old and have a recommendation from their teacher)

REGISTRATION FORM

Name: _____

           Last   First   Middle

Address: _____

Age: _____   Birth Date: _____   Grade: _____

Student Lives With: _____ both parents _____mother _____father _____other

Father's Name: _____

Father's Place of Business: _____ Work Phone: _____

Mother's Name: _____

Mother's Place of Business: _____Work Phone: _____

Primary Phone: _____ (to be used to contact parents in a non-emergency situation)

Primary Email Address: _____

(This is the email address that will primarily be used to contact the Extended Care Program – the one that the Extended Care Program should use if we need to contact you.)

EXTENDED DAY USAGE

Please check the days and time that you expect to utilize the Extended Care Program for the school year.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		DROP-IN ONLY
AM 7:00-8:10am							
PM 2:25-4:30pm							

I agree to abide by all the rules and regulations of the Holy Trinity School Extended Care Program. I understand that Extended Care fees are collected separately from my tuition payments, and I am responsible for paying the fees on a monthly basis.

Parent Signature: _____ **Date:** _____

PICKUP INFORMATION for _____(child's name)

Please list the individuals who may pick up your child from the afternoon Extended Care Program. A photo ID may be required for pickup.

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

EMERGENCY INFORMATION for _____ (child's name)

Please list the numbers that you would like us to call in an emergency. Please include parents' phone numbers to call in an emergency as well.

1. Name: _____ Phone: _____
    Relationship to child: _____
2. Name: _____ Phone: _____
    Relationship to child: _____
3. Name: _____ Phone: _____
    Relationship to child: _____
4. Name: _____ Phone: _____
    Relationship to child: _____

Please list any medical conditions or allergies that your child has:

_____

_____

_____

List of medications that your child is currently taking:

_____

Child's physician: _____ Phone: _____