



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: \_\_\_\_\_