



**ST. PETER CATHOLIC SCHOOL**  
*Unlocking Potential*

**St. Peter's Extended Day Program**

**Registration Form 2018-2019**

**Cost: \$55.00 per family for registration**

***During the School Year:***

*Open Monday-Friday: 6:30am-9:00am and 3:45-6:00 pm*

**Scheduled session - \$12.00**

**Drop-in session - \$14.00**

*\*\*\*Special Discount given if you attend both morning and afternoon sessions on more than one day. (See the Family Information Packet for more details)*

***Failure to pickup your child by 6:00pm will result in a late fee of \$1.00 per minute.***

*We will offer Non-School Day (NSD ) care based on need.*

**Child Information**

Grade: \_\_\_\_\_

Sex: M / F

Name of child: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date: (mo.) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

*Please indicate the sessions your child will be attending by placing an X in the spaces below:*

**School Year Scheduled Care:**

AM: M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Approximate drop-off time: \_\_\_\_\_

PM: M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Approximate pickup time: \_\_\_\_\_

or:

**Drop-in Care ONLY:** \_\_\_\_\_

Will your child need to be dismissed for band/Title One/etc....While in our Care: circle Yes or No

**Medical Information:**

Child's Physician: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*Does your child have any special medical requirements, allergies or history? circle YES or NO (If so, Please provide a medical action plan.)

\*\*\*Explain: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you want us to know anything else about your child?**

\_\_\_\_\_

**Parent or Guardian Information:**

Child resides with: circle - Mother Father Both Other\*

\*Please attach additional information on other guardian

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

Address if different from the child's: \_\_\_\_\_

Place of Employment & work hours:

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email: \_\_\_\_\_

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

Address if different from the child's: \_\_\_\_\_

Place of Employment & work hours:

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email: \_\_\_\_\_

**Persons Authorized to remove Child from Facilities:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contacts: In an Emergency, these people may remove my child from the facilities:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*For Office use: Registration fee paid \_\_\_\_\_ Ck # \_\_\_\_\_ or cash \_\_\_\_\_  
Date: \_\_\_\_\_*