

Registration Form

Saint Bernadette School

Extended Care Program

2013-2014

Family Name : _____

Registration Fee \$25.00

Student Name _____

Grade _____

Student Name _____

Grade _____

Student Name _____

Grade _____

Parents/Guardians must complete a monthly calendar. Weekly prepayment must be submitted by Thursday of the preceding week. Parents who chose to use the program on an occasional use basis will receive a weekly invoice due upon receipt. If any account becomes fifteen (15) days past due the student will no longer be able to receive services and the balance will accrue a late charge every month until paid in full. It is important to know that any account that is not current from the 2010- 2011 school year the student(s) may not use the Extended Care Program until the account is paid in full.

All accounts must be current by Friday prior to the last day of school. If any payment is past due as of the beginning of the new school year the child/ren will not be able to re-enter the Extended Care Program in the new school year until accounts are paid in full.

Parents will be billed if their child/ren is/are placed in either program because of early drop off or late pick up. (Please see Parent/Student Handbook)

I/We understand that we are financially responsible for any charges that are incurred for our child/ren in the Extended Care Program.

Parent /Guardian Signature: _____

Please Print Name

Parent/Guardian Signature: _____

Please Print Name

TURN OVER

EMERGENCY CONTACT INFORMATION

STUDENT NAME: _____ Age _____

STREET ADDRESS: _____

CITY/TOWN/ZIP CODE: _____

MOTHER'S NAME: _____ Employer : _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

FATHER'S NAME: _____ Employer: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____

CELL#: _____ ADDRESS: _____

NAME: _____ RELATIONSHIP: _____

CELL#: _____ ADDRESS: _____

PHYSICIAN NAME: _____ TELEPHONE: _____

SPECIAL CONCERNS: (ALLERGIES, MEDICATION, ETC.)

IF YOU ARE UNABLE TO PICK UP YOUR CHILD FROM THE AFTER SCHOOL PROGRAM WHO MAY WE RELEASE YOUR CHILD TO?

NAME: _____ RELATIONSHIP: _____ Phone: _____

NAME: _____ RELATIONSHIP: _____ Phone: _____

NAME: _____ RELATIONSHIP: _____ Phone: _____