

REGISTRATION FORM FOR EXTENDED CARE

St. Dominic School - 2011- 2012

This registration form states your family's need for Extended Care for the 2011- 2012 School Year.

We are aware that work schedules and/or needs change. Please state as accurately as possible the expected hours that you will need Extended Care. **Extended Care is available for K3 through grade 8.**

Extended Care hours are 7:00 A.M. – 5:45 P.M.

Family Name _____

Address _____

Home Phone # (____) _____

City/Zip _____

Email _____

Father's Name _____

Mother's Name _____

Cell Phone # (____) _____

Cell Phone # (____) _____

Place of Employment

Father _____

Phone # (____) _____ Full Time _____ Part Time _____

Mother _____

Phone # (____) _____ Full Time _____ Part Time _____

Student's Name _____ Student's Grade _____ DOB _____

M T W T F

Hr. (e.g.: 2) _____

Time (e.g.: 2:45-4:45) _____

Student's Name _____ Student's Grade _____ DOB _____

M T W T F

Hr. (e.g.: 2) _____

Time (e.g.: 2:45-4:45) _____

Student's Name _____ Student's Grade _____ DOB _____

M T W T F

Hr. (e.g.: 2) _____

Time (e.g.: 2:45-4:45) _____

My employer provides compensation for childcare expenses. Yes _____ No _____

I will be paying the Extended Care fee: Monthly _____ Weekly _____

Registration Fee of \$50.00 per family is to be returned with this Form.

Please notify the Extended Care if your schedule changes, so that someone else may take advantage of the Extended Care space that you no longer need.

Signature _____