



ST. DOMINIC CATHOLIC SCHOOL

INSPIRING MINDS † DEVELOPING CHARACTER † SEEKING CHRIST

Extended Care Registration Form

This registration form states your family's need for Extended Care for the 20____-20____ school year. We are aware that schedules may change. Please state, as accurately as possible, the expected hours that you will need. **Extended Care is available for K3 through grade 8 and hours are 7:00 A.M. - 5:45 P.M.**

Family Name _____ Home Phone (____) _____

Address _____ City/Zip _____

Father's Name _____ Mother's Name _____

E-mail _____ E-mail _____

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 _____