



**Mother Catherine Academy
Extended Day Care Registration
2017 - 2018**

Children Attending Extended Day Care Program

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

Please check which of the following your child(ren) will be attending.

- Before Care
 Aftercare
 Both Before and After Care

Home Address _____

Home Telephone # (____) _____ Email Address: _____

Father's Name _____ Father's Phone (____) _____

Mother's Name _____ Mother's Phone (____) _____

People permitted to pick up my child(ren) – please include phone numbers where they can be reached.

Name: _____ Phone Number: (____) _____

Name: _____ Phone Number: (____) _____

Name: _____ Phone Number: (____) _____

Name: _____ Phone Number: (____) _____

A non-refundable fee of \$25 for one child or \$35 per family must accompany this registration. Full or part time families are charged whether they use the Extended Day Care Program for the full week or not.

By signing below, I authorize Mother Catherine Academy to release a copy of the Emergency Release Form and any patient medical information/medication on my child(ren) to the Extended Day Care Personnel. Also, by signing below, I have read, understood, and accept the Extended Day Care Program Rates and Policies.

Parent/Guardian Signature: _____ Date: _____