

## **Pre-Kindergarten Extended Day Registration**

Enrollment in the Pre-Kindergarten Extended Day Program is limited to twenty (20) students. Payment of a \$200 registration fee per child will guarantee that a place is reserved for your child(ren) each day.

Please complete bo	th sides of this form and r	eturn it with your s	school registration forms.	
	STUDENT INF	ORMATION		
Student Name(s)			Date(s) of Birth	
Home Address:				
Number Street	City	Zip	Phone	
	•	r		
Please indicate session(s) child(r	en) will attend:			
□ Drop in as needed.				
Morning Session Monday-Frid	lay - <b>\$12.00 Per Day</b>			
Afternoon Session Monday-Fi	riday - <b>\$20.00 Per Day</b>			
Early Release (12:00 noon) - \$	40 00 Por Day			
Early Nelease (12.00 110011) - \$	40.00 Fei Day			

There is a late pick-up fee of \$15 per child for every 15 minutes for students picked up after closing at 6:30 p.m.

PARENT/GUARDIAN INFORMATON					
	MOTHER (or Guardian)	FATHER (or Guardian)			
Name					
Home Phone (if different)					
Address (if different)					
Employer					
Employment Address					
Work Phone					
Cell Phone					
E-mail Address					

## **Extended Day Emergency Information**

Friend or relative (local) to be contacted when neither parent can be reached. (Used in cases of emergency or when a child has not been picked up within three hours after early school closing due to inclement weather.)

The law requires that two parties be named.

Name	Address		Home Phone	Work Phone		
Persons <b>not</b> authorized to pick up cl	nild from Extended Day (*if	parent)				
Allergies/Special Instructions:						
The parent(s)/guardian(s) agree that, when notified of my child's illness while at the All Saints Extended Day Program, I will arrange to have him/her picked up as soon as possible.						
Child's Physician		Address		Phone Number		
1. I/We will be responsible for payment of medical care expenses. 2. Medical treatment costs are covered by: (check one)    BlueCross BlueShield Policy No.     Medicaid Coverage No.     Other Medical Insurance     Name of Company:     Policy No.     I have no medical Insurance.  The parent(s)/guardian(s) authorizes All Saints Extended Day Program representative to obtain immediate medical care and						
consents to the hospitalization, performing drugs, for above child if an emerger agreement covers only those situation he/she expects to be notified immediately.	ormance or necessary diagoncy occurs when he/she cannot shich are true emerge	nostic tests, annot be loca	necessary surgery, and ated immediately. It is	d/or the administration of also understood that this		
SIGNATURE OF PARE	NT OR GUARDIAN			DATE		

THIS FORM IS KEPT BY ALL SAINTS EXTENDED DAY AND IS TO BE TAKEN TO THE DOCTOR OR TREATMENT FACILITY IN CASE OF EMERGENCY.

<sup>\*</sup>Appropriate custody paperwork must be on file.