



Extended Day Registration for Students in Grades K-8

*All students in grades K-8 are to be enrolled in the Extended Day Program.
Please complete both sides of this form and return it with your school registration forms.*

STUDENT INFORMATION	
Student Name(s)	Date(s) of Birth

Home Address:

Number	Street	City	Zip	Phone
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Please indicate session(s) child(ren) will attend:

- I do not plan to use the Extended Day Program on a regular basis, but may use it as a drop in if needed.
- Morning Session** (6:30 a.m – 8:00 a.m.) Monday-Friday
 - \$8 / day for 1st child \$6.00 / day for 2nd child \$6.00 / day for 3rd child
- Afternoon Session** (3:00 p.m. – 6:30 p.m.) Monday-Friday
 - 3:00 – 4:00 \$8.00 1st child \$6.00 2nd child \$6.00 3rd child
 - 4:00 – 5:00 \$5.00 1st child \$3.00 2nd child \$3.00 3rd child
 - 5:00 – 6:30 \$5.00 1st child \$3.00 2nd child \$3.00 3rd child
- Early Release*** (12:00 noon – 3:00 p.m.) / **Delayed Openings**
 - \$15.00 / day (first child) \$9.00 / day for 2nd child \$9.00 / day for 3rd child

There is a late pick-up fee of \$15.00 per child for every 15 minutes for students picked up after closing at 6:30 p.m.

** Please note: This is not included in the afternoon or morning session fee.*

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

Extended Day Emergency Information

(THIS FORM MUST BE ON FILE IN THE EXTENDED DAY OFFICE FOR EVERY K-8 STUDENT ATTENDING ALL SAINTS SCHOOL.)

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 **not** authorized to pick up child 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, performance or necessary diagnostic tests, necessary surgery, and/or the administration of drugs, for above child if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

SIGNATURE OF PARENT 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.

*Appropriate custody paperwork must be on file.