

St. Mary Catholic

Extended Care/Preschool Day Care Programs

	n Form	
Student(s) Information:		
Name	D.O.B	Gr
Name	D.O.B	Gr
Name	D.O.B	Gr
Address	City	
Zip Code		
Mother's Name	Daytime Phone()
	Daytime Phone(_	
Email Address		
Please list three people (from Extended Care or in	other than parents) authorized by you an emergency.	u to pick up your child/children
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
*A written note must be sen attending Extended Care/Pr	t to the classroom teacher(s) stating the d eschool Daycare. Our fee is \$5.00 per ho per minute charged after 5:30pm. You w	ays your child/children will be our. Hours of operation are 6:30am

month. Payment must be received by the due date to continue use of the program.

Medical Information: Please note any allergies, medical or dietary needs for your child/children

\$50.00 Annual Registration Fee, PER CHILD, is due with application

*** The Extended Care Handbook is available on the SMS website ***

Parent Signature_____Date_____Date_____

*****NO ELECTRONIC DEVICES ALLOWED*****

Extended Care Use: Cash or Check #_____ Amt.____ Date_____



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