



St. Mary Catholic
Extended Care/Preschool Day Care Programs
Registration Form **2024-2025**

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(_____) _____

Father's Name _____ Daytime Phone(_____) _____

Email Address _____

Please list three people (other than parents) authorized by you to pick up your child/children from Extended Care or in an emergency.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

****A written note must be sent to the classroom teacher(s) stating the days your child/children will be attending Extended Care/Preschool Daycare. Our fee is \$5.00 per hour. Hours of operation are 6:30am-5:30pm. A late fee of \$1.00 per minute charged after 5:30pm. You will be billed at the end of each 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 _____

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

Extended Care Use: Cash or Check # _____ Amt. _____ Date _____