

**DIVINE SAVIOR CATHOLIC SCHOOL
SUMMER CARE REGISTRATION FORM – 2026**

FAMILY NAME _____

CHILD(REN'S) NAMES _____ DATE OF BIRTH _____
_____ DATE OF BIRTH _____
_____ DATE OF BIRTH _____

FATHER'S NAME _____ WORK # _____
ADDRESS _____ CELL # _____
EMAIL _____

MOTHER'S NAME _____ WORK # _____
ADDRESS _____ CELL # _____
EMAIL _____

TENTATIVE DAILY SCHEDULE

MONDAY ___NA___ TO ___NA___

TUESDAY _____ TO _____

WEDNESDAY _____ TO _____

THURSDAY _____ TO _____

FRIDAY ___NA___ TO ___NA___

**WILL YOUR CHILD(REN) BE ATTENDING
SUMMER SCHOOL AT NORTHERN OZAUKEE?**

YES _____ NO _____

**PLEASE LET US KNOW OF ANY WEEKS YOU
WILL NOT BE ATTENDING SUMMER CARE
DUE TO FAMILY VACATIONS, ETC.**

From _____ To _____
From _____ To _____

PLEASE ENCLOSE A CHECK FOR **\$25.00** NON-REFUNDABLE SUPPLY FEE PER
CHILD, MAXIMUM **\$50.00** PER FAMILY, WITH THIS FORM.

AUTHORIZED PERSONS: The people on this list will be the only ones allowed to remove your child from the Summer Care Program, other than the parents. In the event of an emergency or unauthorized pick-up, the parent will be contacted before the child is released. Please notify the extended care teacher if someone other than the parents will be picking up your child.

NAME _____ PHONE # _____
NAME _____ PHONE # _____

UNUSUAL MEDICAL CONDITIONS OR ALLERGIES THAT YOU WOULD LIKE US TO BE AWARE OF:

EMERGENCY MEDICAL CONTACT: _____

I, _____ realize that in the case of extreme illness or injury, judgment as to what medical attention is needed, if I am unable to be contacted, will be made by the person(s) in charge. Every effort will be made to contact the parent before emergency care is given.

PARENTS SIGNATURE: _____ DATE: _____