



# Our Lady of the Valley School

## Extended Care Program Registration Form

**Fees**

Morning Care (7-7:40am)	\$ 4/day to max \$60/month per child
After Care (M-Th 3-5:45pm; Fri. 2-5:45pm)	\$10/day to max \$150/month per child
Preschool Extended Care (1-3pm)	\$ 8/day to max \$120/month per child

**Child Information**

Child 's Name ( please print ) : \_\_\_\_\_ Goes By: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Child lives with: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other

Parent 's email ( s ) : \_\_\_\_\_

Parent ( Guardian ) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Parent ( Guardian ) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Child 's Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Child 's Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ ID: \_\_\_\_\_

Other information that would be helpful in taking care of your child:

\_\_\_\_\_

**Days**

Please check days and times you wish for you child to attend:

Mornings: \_\_\_\_\_ Afternoons: \_\_\_\_\_

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**Pick Up Information**

The parent/guardian is authorizing the following people to be an emergency contact and authorizing pick up for the child named above.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Parents are responsible for payment of all ECP fees. Monthly statements will be sent out the first week of each month and payment should be received in the office by the 10th of each month. Outstanding balances will be subject to a service charge of \$5.00 per week for each week overdue. Failure to pay all ECP fees will be subject to losing ECP privileges.

\_\_\_\_\_

Signature Date