



Our Lady of the Valley School

Extended Care Program Registration Form

Fees

Morning Care (7-7:40am)	\$ 5/day
After Care (M-Th 3-5:45pm; Fri. 2-5:45pm)	\$12/day
Preschool Extended Care (1-3pm)	\$ 8/day

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