

Office Use:
Date: _____ Time: _____

Saint Margaret School Extended Day Care Program Registration Form

Child's Name: _____ Child lives with: Mother ___ Father ___ Both ___

Home Address: _____ Grade in September, 2016: _____

Home Phone: _____ Family Email: _____

Mother's Name: _____ Employer: _____

Mother's Address (if different) _____

Work Phone: _____ Cell Phone: _____ Work Email: _____

Father's Name: _____ Employer: _____

Father's Address (if different) _____

Work Phone: _____ Cell Phone: _____ Work Email: _____

Persons authorized to pick up your child from EDC:

1. _____ Relationship: _____ Phone: _____ Cell _____
2. _____ Relationship: _____ Phone: _____ Cell _____
3. _____ Relationship: _____ Phone: _____ Cell _____
4. _____ Relationship: _____ Phone: _____ Cell _____

Indicate (√) days and times that you would like your child to attend EDC.

******* Check here if this is a change from your child's current schedule _____ *******

Time	Grade	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 – 7:45	Preschool					
7:00 – 7:45	K-5					
10:45 – 2:45	Preschool					
Dismissal – 4:00	Pre - 8					
Dismissal – 6:00	Pre - 8					
2 Hour Delays	Pre - 5					

Early dismissal and professional days require advance sign up as the days occur. You do not need to enroll separately for these days.

Your signature authorizes:

1. Saint Margaret School to give a copy of your child's health records to EDC.
2. Saint Margaret School EDC, in emergencies requiring immediate medical attention, permission to have your child transported to the nearest emergency room.

Signature of Parent/Guardian: _____ Date: _____