

Holy Spirit Extended Day

Registration Form 2017-2018

Child(ren)'s name(s): _____

Child(ren)'s age(s): _____ Grade(s): _____

Parent's names: _____

Address: _____

Home phone: _____ Email: _____

Mother's Job: _____ Work: _____ Cell: _____

Father's Job: _____ Work: _____ Cell: _____

Persons (other than parent) to contact in an emergency: _____

Telephone: _____

Does your child have any allergies or health concerns? _____ Yes _____ No

If yes please explain _____

Child will be attending: (circle) Lunch Bunch AM care PM care BOTH AM & PM

After School Care is a service provided for parents at a minimal cost. This service is not available when school is out. It is available on select early dismissal days. Please see the school calendar for dates. Everyone paying a monthly charge will be billed from the office at the beginning of each month. Please refer to price list for current rates. There is a \$25.00 registration fee, to be paid at registration that will help defray the cost of games, snacks and supplies for the program.

Paid: _____ Date: _____ Cash: _____ Check #: _____

I hereby instruct Extended Day personnel to care for my child in a safe and loving environment, and if necessary administer minor first aid to my child including over the counter medications such as Benadryl or Tylenol. In cases of more serious injuries, parents will be notified immediately and if necessary 911 will be called.

Parent's signature : _____

Discipline Policy for Holy Spirit Catholic School Extended Day Program

Every child is expected to abide by the rules and regulations stated in the school's handbook and respect the staff members, other students, and all property. If a child violates these standards, we will first take action by removing the child from the group and seating him/her in a time out space for an age appropriate time period, and/or assigning the student an age appropriate task as punishment.. If the child does not respond to this and the problem behavior persists, then the parents will be called in for a conference. Should there be a continuation of problems, a second conference will be arranged and at that time the child may be dismissed from the program.

There will be NO TOLERATING of violence of any kind. If your child hurts another child, you will be notified immediately.

I _____ understand that these rules are for the safety of my own child, as well as the safety of others. I also understand that if my child (en) _____ does not abide by the rules, then he/ she will be expelled from the Extended Day program.

Parent's signature _____ Date: _____

Please label your child's backpack, lunchboxes, sweater, coats, & etc. so when they are left behind we can return them.

Child Release Form

I hereby declare that the following responsible people may pick up my child(ren) _____ from Extended Day.

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

I authorize these people to pick up my child in the event that I cannot do so.

Parent's signature: _____

If there is a person who CAN NEVER pick up your child from Extended Day, please note that name here.

This form is for the safety of your child and must be on file with the Extended Day program, even though you may have filed a similar one with the school office.