

St. John the Baptist Catholic School Extended Day Care

2009-2010 REGISTRATION FORM

983 Napa Street • Napa, CA 94559 • 707-224-8388 x 121 • FAX 707-224-0236

PLEASE PRINT THE ENTIRE FORM (One form per child)

Child's Legal Name: _____ Age: _____ Birthday: _____ Grade: _____
Last First Middle

Address: _____ Home Phone: _____
Street City Zip

Parent/Guardian work and/or cell phone #s:

Name: _____ Work #. _____ Cell # _____

Name: _____ Work #. _____ Cell # _____

List all persons authorized to pick up your child from Extended Day Care (please include immediate family). **Only persons listed below will be allowed to take your child from Extended Day Care.**

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____

FEES FOR EXTENDED DAY CARE - Billed monthly

Registration Fee per Family - \$25.00 - added to first billing.

Rate - \$5.00/hour per child. Pick up after 6:00 P.M. will be billed at \$1.00 per minute.

HOURS OF CARE

Daily Hours: 7:00 - 7:50 A.M. & 3:00 - 6:00 P.M.

Early Dismissal Days - Except Before Holidays: 12:30 - 6:00 P.M.

Allergies Yes ___ No ___ To drugs, food, insects, pollen?

Please list: _____

Has the allergy required emergency action in the past? Yes ___ No ___

Comments: _____

Please list any special health conditions -and any conditions preventing physical activity:

Signature of Parent/Guardian: _____ Date: _____