

St. Joseph School

Extended Day Care Attendance Form

| | |
|---------|---------|
| Office | Use |
| One-day | Regular |
| | |

Student Name _____ Birthdate _____
 Grade _____ Teacher _____

Schedule

DROP-IN ATTENDANCE List dates and times you will need care on the grid below.

This form will be valid **only for these dates**. We ask that you complete new forms prior to future visits.

REGULAR ATTENDANCE This is your contracted weekly time schedule. We ask that you give us 24 hours written notice of any changes. Please see the Handbook for other policies.

| | | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|-------------|--------|---------|-----------|----------|--------|
| A \$6 | 7:00-school | | | | | |
| B \$4 | 7:30-school | | | | | |
| C \$6 | school-5:00 | | | | | |
| D \$8 | school-5:30 | | | | | |
| E \$10 | school-6:00 | | | | | |

CHECK ONE I would prefer to receive invoices via backpack mail _____ or US Postal mail _____

Emergency Contacts

Father _____ Cell Phone _____
 Home Phone _____ Work Phone _____

Work Name and Address _____

Mother _____ Cell Phone _____
 Home Phone _____ Work Phone _____

Work Name and Address _____

Physician _____ Phone _____

Preferred Hospital for Emergencies _____

Health Insurance Carrier _____ Policy Number _____

State Law requires you to list three individuals *other than parents* who may be contacted in an emergency or illness. Only persons listed on this sheet will be allowed to pick your child up. We will require photo Id.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Pertinent Information List any allergies, medical issues, or restrictions you want staff to be aware of.

School health standards must be met. Children must be healthy enough to participate in regular activities. They will be expected to behave according to school and center guidelines.

Release

I agree to follow center policies, as stated in the handbook. I release St. Joseph School, and any associated person from any claims of ordinary negligence in consideration for the opportunity to participate in this program. I hereby state that my child is in good health and able to participate in the program.

 Father's Signature and Date

 Mother's Signature and Date