

**ST. LOUIS EXTENDED DAY PROGRAM  
REGISTRATION**

Anyone interested in having his/her child/children participate in the Extended Day Program, **MUST FILL OUT AND RETURN THIS FORM WITH THE \$25.00/PER FAMILY REGISTRATION FEE. This will assure a place for your child/children in the program.**

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**St. Louis Extended Day Program Registration**

Regular Extended day hours:	Morning Hrs.	6:30am-7:30am
	Afternoon Hrs.	2:00pm-5:30pm
Half-day hours:		11:00am-4:00pm

The fee for each child is \$6.00/hr. or any part of an hour that the child is present.  
**\*\*A minimum of two hours per week, per child will be charged.\*\***

**Beginning in September, please check the sessions that apply to your child/children:**

**Morning Session: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_**

**Approximate time of arrival: \_\_\_\_\_**

**Afternoon Session: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_**

**Approximate time of pick up: \_\_\_\_\_**

**Need for ½ day care (Yes/No) \_\_\_\_\_ Time of pick up (by 4:00pm) \_\_\_\_\_**

**Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_**

**Please list child/children and grade they will be in, in September, 2015.**

Child \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Grade \_\_\_\_\_

**I UNDERSTAND THAT:**

**1. If my account is not paid in full before, or by the "please pay by" date, I will be charged a \$6.00 late fee for that week and each week that I am late paying my bill. Please Initial \_\_\_\_\_**

**2. If one of my checks is returned for whatever reason, I will be charged a \$25.00 fee plus bank costs. Furthermore, my bill will be paid by either cash or money order from then on.**

**Please Initial \_\_\_\_\_**  
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**3. I will be charged an extra fee of \$6.00 for every 5 minutes, or part of, per child, that my child/children are picked up after 4:00pm closing on half days, or 5:30pm closing on normal days.**

**Please Initial \_\_\_\_\_**

**4. I am registering my child/children for a space in day care. If my child/children does/do not attend their regularly scheduled hours for whatever reason (illness, vacation \*other than school vacations\*, etc...), I understand that I will automatically be charged a maximum of 2 (two) hours per child, per week. This assures my child/children's space for the year. TO VACATE A SPACE PERMANENTLY, a TWO (2) WEEK WRITTEN NOTICE IS EXPECTED, AND THE ORIGINAL REGISTRATION FEE BECOMES NULL AND VOID. NO GUARANTEES ARE MADE AS TO WHETHER A SPACE WILL BE AVAILABLE LATER IN THE YEAR, IF ONE IS NEEDED.**

**Please Initial \_\_\_\_\_**

**I have read and signed this agreement. (ONLY AFTER HAVING ANY QUESTIONS I MAY HAVE ANSWERED BY THE Principal, Executive Secretary, or other assigned day care staff.)**

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Parent/Guardian Signature

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Date

EXTENDED DAY PROGRAM EMERGENCY FORM

Student Name: \_\_\_\_\_  
Last MI First

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone #: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Please \* the parent that should be called first in an emergency.

Mother's Name: \_\_\_\_\_  
Last MI First

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother's Home Phone #: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_

Mother's Work Name: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last MI First

Home Address: \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_

Father's Home Phone #: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_

Father's Work Phone #: \_\_\_\_\_

Father's Work Name: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_

(OVER)

In the event of apparent illness or accident, when no parent/guardian can be reached, Contact the following people in order. They will be authorized, in my absence, to pick up my child/children from the Extended Day Program.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone #: \_\_\_\_\_

**The following person(s) may not have contact with my child and the personnel at the Extended Day Program may never release my child to this person(s). Any restraining orders or court documents verifying this request must be filed with the school office.**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_

Explain if you replied YES \_\_\_\_\_

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**NOTE: Personnel of the Extended Day Program will not dispense medication. Medication should be dispensed during the day with the school nurse or when your child goes home at the end of the day.**

**To the best of my knowledge, information given on these sheets is correct and current. If any changes occur, I will be sure to inform the staff and school office immediately.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date