

EXTENDED DAY PROGRAM ENROLLMENT FORM HOLY TRINITY SCHOOL

CHILD'S NAME	LAST NAME	FIRST NAME	BIRTH DATE	GRADE
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HOME ADDRESS _____ TELEPHONE _____

ILLNESS OR ACCIDENT: in the event of apparently serious illness or accident, when I/We can't be reached one of the following can be notified by telephone. They are authorized to act in my absence and their names are listed on this form. Those listed below are also authorized to pickup the student from Extended Care.

NAME	ADDRESS	TELEPHONE
NAME _____	ADDRESS _____	TELEPHONE _____

PLEASE BE ADVISED THAT STUDENTS WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED ABOVE.

FEE SCHEDULE: \$2.50 per hour per child. \$1.00 per every minute if the child is not picked up by 6:00 P.M. Fees are payable weekly on Monday following service. Children will be removed from the program if fees are not current. Arrangements for payment of fees at times other than that stated above must be pre-approved by the principal.

TIME WHEN STUDENTS WILL NORMALLY BE PICKED UP

MOTHER'S NAME	NAME OF EMPLOYER	BUSINESS TELEPHONE
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FATHER'S NAME	NAME OF EMPLOYER	BUSINESS TELEPHONE
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PLEASE LIST BELOW ANY ALLERGIES OR SPECIAL PRECAUTIONS WHICH MUST BE TAKEN REGARDING ANY OF THE STUDENTS ENROLLED IN THIS PROGRAM.

I HAVE READ AND UNDERSTAND THE EXTENDED DAY CARE PROGRAM HANDBOOK, AND AGREE TO THE TERMS AND CONDITIONS STATED.

PARENT _____