



Immaculate Conception School

Extended Care Registration Form

Office Memo:
Registration Fee Paid _____

Please Print Information:

Date _____
Male _____
Female _____
Grade _____

Name _____

Address _____

City/Zip _____

Telephone _____ Birth Date _____ Birthplace _____

Father's Name _____

Employer _____

Telephone _____

Mother's Name _____

Employer _____

Telephone _____

Anticipated Care: Please check the days you will generally be using this program.

Before School

After School

___ Monday
___ Tuesday
___ Wednesday
___ Thursday
___ Friday

___ Monday
___ Tuesday
___ Wednesday
___ Thursday
___ Friday

On days of attendance my child will arrive at approximately ___ am and will be picked up at approximately ___ pm.

Registration Fee: \$35.00 (new student), \$25.00 (established participant)
Please complete, one form per child.

Parent Signature _____

Date _____

IMMACULATE CONCEPTION EXTENDED CARE EMERGENCY FORM

Date Completed _____

Name of Child _____ Date of Birth _____

Child's Social Security Number _____ Grade _____

Child's Home Address _____ Home Phone _____

Parent / Guardian _____ Home Phone _____

Home Address (If Different) _____ Work Phone _____

Please list two or three persons who may be contacted in case of an emergency:

Name () Home Phone

Relationship to Child () Work Phone

Name () Home Phone

Relationship to Child () Work Phone

Name () Home Phone

Relationship to Child () Work Phone

Allergies, chronic conditions, health problems

Please list any other information that may be helpful to the Extended Care Staff

IMMACULATE CONCEPTION EXTENDED CARE PROGRAM
CONSENT FORM

The following persons, other than myself, are authorized to pick up my child.
Please include spouse if applicable.

Name () Phone Number

Address City/ State/ Zip Relationship

Name () Phone Number

Address City/ State/ Zip Relationship

Name () Phone Number

Address City/ State/ Zip Relationship

Name () Phone Number

Address City/ State/ Zip Relationship

Name () Phone Number

Address City/ State/ Zip Relationship

I understand that my child will only be released to someone with prior authorization. If someone other than those listed above will be picking up my child, I will inform you in writing. I understand that no telephone messages will be accepted.

Parent/ Legal Guardian Name _____
Please Print

Home Phone Number () _____

Parent/ Legal Guardian Signature _____