



***ALL SOULS CATHOLIC SCHOOL***  
***EXTENDED CARE REGISTRATION FORM***

<b>Student Name(s)</b>	<b>Grade</b>
1. _____	_____
2. _____	_____
3. _____	_____

_____	_____
<b>Father's Name</b>	<b>Mother's Name</b>
_____	_____
<b>Cell Number</b>	<b>Cell Number</b>

Emergency Contact Person(s) who can pick up your child in case of accident or illness.

<b>Name:</b> _____	<b>Phone:</b> _____
<b>Name:</b> _____	<b>Phone:</b> _____

Does your child have any allergies, illness or physical condition which should be brought to our attention? If yes, please explain. \_\_\_\_\_

Please list all people authorized to check your child out of the Extended Care Program in addition to those listed under Emergency Contact Persons(s).

<b>Name:</b> _____	<b>Relation:</b> _____
<b>Name:</b> _____	<b>Relation:</b> _____

Please indicate below the days and times your child(ren) will usually be in Extended Care. This will help us in planning adequate supervision for activities.

Monday:	From _____	To _____
Tuesday:	From _____	To _____
Wednesday:	From _____	To _____
Thursday:	From _____	To _____
Friday:	From _____	To _____

**After School Cost:** Per Week: 1 child - \$60.00, 2 children - \$100, 3 children - \$140  
Or \$6.00 per hour, per child

**Morning Care Cost:** \$5.00 per morning, per family

**Registration Fee: \$25.00 Each Student**