

**ST. MICHAEL EXTENDED CARE
REGISTRATION
2011-12**

STUDENT: _____ TEACHER: _____ GRADE: _____
ANY ALLERGIES? NO YES IF YES, EXPLAIN: _____

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ANY ALLERGIES? NO YES IF YES, EXPLAIN: _____

ANY CUSTODY RESTRICTIONS? NO YES IF YES, PLEASE EXPLAIN:

MOTHER'S NAME: _____ FATHER'S
NAME: _____

WK. # _____ CELL # _____ WK # _____ CELL # _____

PEOPLE PERMITTED TO PICK UP CHILD(REN) FROM EXT. CARE PROGRAM

NAME: _____ RELATIONSHIP _____ TEL.

NAME: _____ RELATIONSHIP _____ TEL.

NAME: _____ RELATIONSHIP _____ TEL.

MONTHLY EXT. CARE CHGS. TO BE PLACED ON CHG. CARD ? YES NO

I PREFER EXTENDED CARE CHGS. TO BE BILLED TO THIS ADDRESS EACH MONTH :

I UNDERSTAND MY CHARGE CARD NUMBER MUST BE ON FILE IN SCHOOL OFFICE
IN ORDER TO MAINTAIN CHILDCARE SPOT IN EXTENDED CARE PROGRAM.. ANY
CHARGES NOT PAID IN FULL AFTER 30 DAYS WILL BE PLACED ON YOUR CHG.
CARD.

\$ 26.25 LATE CHG. FOR BILLS NOT PAID WITHIN 30 DAYS OF STATEMENT.

SIGNATURE OF CHG. CARD HOLDER

DATE