



EXTENDED CARE APPLICATION

STUDENT INFORMATION

Name _____ Grade _____ Date of Birth _____ F M

Address _____ Primary Contact Phone number _____

Allergies / Illness / Medication _____

EXTENDED CARE HOURS NEEDED

A.M.

P.M.

MON

TUES

WED

THURS

FRI

MON

TUES

WED

THURS

FRI

FAMILY / EMERGENCY CONTACT

Father's Name _____ Cellphone number _____ Other phone number _____

Mother's name _____ Cellphone number _____ Other phone number _____

In case of an **EMERGENCY, please list the person to be contacted:

Name _____ Phone number _____ Relationship with the child _____

Name _____ Phone number _____ Relationship with the child _____

** **ONLY** The following people have permission to pick up my child if I am unable to be at Extended Care:

Name _____ Relationship with the child _____

Name _____ Relationship with the child _____

Name _____ Relationship with the child _____

IMPORTANT INFORMATION

\$10.00 Registration fee per child or \$20.00 per family
 An application form must be completed for each child
 Extended Care is being offered as a service exclusively for families of St. John Vianney Regional School
 The Extended Care hours: Morning 7:00 A.M. until 5:30 P.M.
 \$1.00 minute charge after 5:30 P.M.
 An application form must be completed for each child

Parent / Tutor signature _____

Filling date _____

School Representative and Date _____