

St. Charles Extended Care 2020/2021 Registration Form

A separate registration form must be completed for each child. Additional forms are available in the school office.

Child Name _____

Address _____ Grade _____
_____ Birth Date _____
_____ Phone _____

Email address: _____

Program(s) registering for:

_____ K-8th A.M. _____ Preschool P.M. _____ K-8th P.M.
7:00- 8:00 A.M. 3:30 - 5:30 PM 3:30 PM - 5:30 PM

Child lives with _____ Both Parents _____ Mother _____ Father _____ Other _____

Mother's Name _____

Home Phone _____ Business Phone _____ Cell Phone _____

Mother's Place of Employment _____

Father's Name _____

Home Phone _____ Business Phone _____ Cell Phone _____

Father's Place of Employment _____

Please list the name, address, phone number, and relationship of anyone we can contact and who has permission to pick up your child from Before or After School Care in the event of an emergency.

Name _____

Address _____ Primary Phone _____
_____ Relationship _____

Name _____

Address _____ Primary Phone _____
_____ Relationship _____

Please state any information (health, custodial arrangements, etc.) that would help us insure your child's safety and well being.

Emergency Information:

Doctor's Name _____

Address _____ Phone _____

Medical Insurance Company and # _____

I (We) hereby give permission to St. Charles Extended Care to obtain the services of the closest available physician or hospital should my child _____ suffer illness or accident.

(Full Name)

Signature of Parent/Guardian _____

**There is a \$45.00 registration fee per family.
Please check here to pay through FACTS _____**