



ST. DOMINIC

CATHOLIC SCHOOL

INSPIRING MINDS † DEVELOPING CHARACTER † SEEKING CHRIST

Extended Care Registration Form

This registration form states your family's need for Extended Care for the 20____-20____ school year.

Extended Care is available for K3 through grade 8 and hours are 7:00 A.M. - 5:45 P.M.

General Information

Family Name _____

Home Phone (____)_____

Student's Main Address _____

City/Zip_____

Father's Name _____

Mother's Name _____

E-mail_____

E-mail_____

Cell Phone (____)_____

Cell Phone (____)_____

Student's Information

**** K3 and K4 families: Please select whether your student will be half day or full day in addition to which day or half of the day they will be attending school**

Student's Name _____ DOB _____ Student's Grade K3 MWF K3 TTH K3 PM K4 AM K4 PM
Half Day Full Day
K5 1 2 3 4 5 6 7 8

Student's Name _____ DOB _____ Student's Grade K3 MWF K3 TTH K3 PM K4 AM K4 PM
Half Day Full Day
K5 1 2 3 4 5 6 7 8

Student's Name _____ DOB _____ Student's Grade K3 MWF K3 TTH K3 PM K4 AM K4 PM
Half Day Full Day
K5 1 2 3 4 5 6 7 8

Student's Name _____ DOB _____ Student's Grade K3 MWF K3 TTH K3 PM K4 AM K4 PM
Half Day Full Day
K5 1 2 3 4 5 6 7 8

Emergency Contact/Authorized Pick-Up

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Name _____ Cell Phone _____

My employer provides compensation for childcare expenses. Yes _____ No _____

Will you need weekly statements to submit to your employer? Yes _____ No _____

Please return Registration Fee of \$50.00 per family with this Form.

Signature _____