

HOLY SPIRIT MORNING CARE and EXTENDED DAY REGISTRATION

2016/2017

- ☐ **Registration Form (one per child)**
- ☐ **Expected Attendance Form (one per family)**
- ☐ **Fee Agreement Form (one per family)**
- ☐ **Check Payable to Holy Spirit \$25.00 per child (checks may be combined)**

To enroll your child in Extended Day please complete and return these forms with a non- refundable \$25.00 (per child) registration fee.

Holy Spirit Extended Day Registration Form

FULL NAME OF CHILD

GRADE

PARENT/GUARDIAN INFORMATION

Father's Name:

Home Phone:

Home Address:

Cell Phone:

Work Phone:

Place of Employment:

Work Address:

Mother's Name:

Home Phone:

Home Address:

Cell Phone:

Work Phone:

Place of Employment:

Work Address:

EMERGENCY CONTACTS

Please list two emergency contacts that can be notified when parents cannot be reached. These contacts will only be used in the case of emergency. According to Virginia law we must have complete contact information for your child to attend Extended Day.

1. Name: Home Phone

Address: Work Phone

Cell Phone

Relationship to child:

2. Name: Home Phone

Address: Work Phone

Cell Phone

Relationship to child:

MEDICAL INFORMATION

*Please be sure that an accurate and up-to-date Emergency Care form is on file with the front office as these will be provided to Extended Day.

Holy Spirit Extended Day agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to pick up the child as soon as possible.

The parent/guardian authorizes the Holy Spirit Extended Day representative to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations that are true emergencies and only when he/she cannot be reached: otherwise, he/she expects to be notified immediately.

Signature of Parent/Guardian

Printed Name

Date

Holy Spirit Extended Day Expected Attendance Form

FAMILY NAME_____

Check those that apply to your family:

MORNING

_____ Everyday Monday –Friday

Regularly on _____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

First Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

AFTERNOON

_____ Everyday Monday-Friday

Approximate pick up time_____

Regularly on _____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ My children will only occasionally use Extended day and I will notify you in advance.

_____ My children will only use Extended Day in Emergency situations

Holy Spirit Extended Day Fee Agreement Form

Family Name _____

I agree to the following payment arrangements:

☐ Monthly Billing

☐ Equal Payment Program (equal payments over 9 months)

_____ **Afternoon Only**

_____ One child (\$312)

_____ Two children (\$520)

_____ Three children (\$728)

_____ Four children (\$832)

_____ **Morning Only**

_____ One child (\$112)

_____ Two children (\$200)

_____ Three children (\$280)

_____ Four children (\$320)

_____ **Morning and Afternoon**

_____ One child (\$424)

_____ Two children (\$720)

_____ Three children (\$1008)

_____ Four children (\$1152)

Signature _____ Date _____