



Extended Care Program Registration Form

| Child's Name | Sex | Date of Birth | Grade | Allergies |
|--------------|-----|---------------|-------|-----------|
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Days and times each child will be using the program

7:00 AM until 8:00 AM

| Child's Name | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

3:00 PM until 6:00 PM

| Child's Name | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

OFFICE USE ONLY: Non-Refundable Registration Fee of \$50.00 submitted for payment through FACTS

____ Yes (initial)

Date: _____

Extended Care staff & children, on occasion, may walk to nearby parks or businesses. By enrolling my child(ren) in the Extended Care Program, I understand and give my approval for this activity. I hereby release and indemnify Holy Trinity School, Westmont, IL, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation.

Parent's Signature: _____

Parent Authorized to Pick up Child(ren)

1. Name _____ Phone _____

2. Name _____ Phone _____

Other Persons Authorized for Pick-up

1. Name _____ Phone _____

Relationship to child(ren) _____

2. Name _____ Phone _____

Relationship to child(ren) _____

3. Name _____ Phone _____

Relationship to child(ren) _____

4. Name _____ Phone _____

Relationship to child(ren) _____