

St Veronica Catholic School Extended Day Program Registration 2018-2019

(check for non-refundable Registration Fee made out to St Veronica Catholic School for \$50)

Please print requested information clearly. Please do not leave any items blank.

Child Information:

Child's Full Name _____ Child's Nickname _____

Birthdate ____/____/____ Age _____ Gender _____ Grade Entering 2018-2019 _____

Child's Address _____

Parent/Guardian Information:

Marital Status of Parents: _____

Names of Individuals with Legal Custody of Child: _____

May the non-custodial parent pick up the child? ____ (court documentation required; Sections 22.1-4.3 of the Code of Virginia.)

Father/Guardian's Full Name _____

Address _____ Home Number _____

Name and Address of Employer _____

Email _____ Work Number: _____

Mother/Guardian's Full Name _____

Address _____ Home Number _____

Name and Address of Employer _____

Email _____ Work Number: _____

Office Use ONLY:

Registration Received: _____ Registration Fee Received: _____

Director of Extended Day Program _____ *Date*

Date child entered Extended Day Program: _____ *Date child left Extended Day Program:* _____

(All information requested on registration is required by the Department of Social Services under the 22VAC 15 -30-80. code)

Emergency Contacts: *(To be called to pick up the child if parent/guardian cannot be reached including late pickups. Please list two)*

1. Name _____

Relation to Child _____ Home Phone () _____ Work Phone () _____

2. Name _____

Relation to Child _____ Home Phone () _____ Work Phone () _____

List Those Authorized to Pick Up Child (other than parents with custody)

Name: _____

Name: _____

List Person(s) NOT Authorized To Pick Up Child:

Name: _____

Other School/Program Presently Attending:

Dates _____

Previous School/Programs Attended:

Dates _____

Indicate the enrollment desired in the Extended Day Program:

Desired Start Date: _____

_____ Before School Care

_____ After School Care

_____ Full-time (4/5 days per week)

_____ Drop-In (3 days or less per week; or as needed)

_____ Early Dismissal Days

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Email for Emergency Announcements** _____

** Only used by the Extended Day Director in the event that immediate notification is needed for Extended Day emergency announcements such as closing early, cancellation, etc.

Please initial here _____ if you grant the St Veronica Extended Day Program permission to take photos of your child for school use only.

By signing below, I agree to all policies stated in the Extended Day Program Handbook. I understand that when presented, I will need to accept and sign an Extended Day Contract stating that I agree to pay for the plan I choose to enroll my child in for Extended Day.

Parent/Guardian Signature _____

Date _____

