



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 from 7:00-7:30AM and 2:45-5:45PM Monday - Thursday; 2:45 PM - 5:00 PM Friday. Care is available on most school out days (except for holiday breaks).

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 (other than parents)

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 _____

**Registration Fee of \$60.00 per family is to be returned with this form.
Please make check payable to St. Dominic Extended Care. Thank you.**

Signature _____