

**EXTENDED DAY/MORNING CARE PROGRAM  
Divine Savior Catholic School for 2020-2021**

Children's Names \_\_\_\_\_ Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

**Primary phone # and email address** \_\_\_\_\_

Work Ph# (Mom) \_\_\_\_\_ Work Ph# (Dad) \_\_\_\_\_

Cell Ph# (Mom) \_\_\_\_\_ Cell Ph# (Dad) \_\_\_\_\_

Email (Mom) \_\_\_\_\_ Email (Dad) \_\_\_\_\_

**Tentative Daily Schedule**

**Morning Care**

**Extended Day**

Monday \_\_\_\_\_ To \_\_\_\_\_

Monday \_\_\_\_\_ To \_\_\_\_\_

Tuesday \_\_\_\_\_ To \_\_\_\_\_

Tuesday \_\_\_\_\_ To \_\_\_\_\_

Wednesday \_\_\_\_\_ To \_\_\_\_\_

Wednesday \_\_\_\_\_ To \_\_\_\_\_

Thursday \_\_\_\_\_ To \_\_\_\_\_

Thursday \_\_\_\_\_ To \_\_\_\_\_

Friday \_\_\_\_\_ To \_\_\_\_\_

Friday \_\_\_\_\_ To \_\_\_\_\_

**AUTHORIZED PERSONS:** The people on this list will be the only ones allowed to remove your child from the extended care program, other than the parents. In the event of an emergency or unauthorized pick-up, the parent will be contacted before the child is released. Please notify the extended care teacher if someone other than the parents will be picking up your child.

Name \_\_\_\_\_ Ph# \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_

**Unusual Medical Conditions or allergies** that you would like us to be aware of: \_\_\_\_\_

**Emergency medical contact:** \_\_\_\_\_

I \_\_\_\_\_ realize that in the case of extreme illness or injury, judgment as to what medical attention is needed, if I am unable to be contacted, will be made by the person(s) in charge. Every effort will be made to contact the parent before emergency care is given.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please enclose a **CHECK FOR \$25.00** per child (Maximum \$50 per family)  
This is a non-refundable supply fee.