

ST. VINCENT DE PAUL SCHOOL SEWARD NE

Application for Extended Daycare Program 2021-22

Please Print

Parent(s) Names _____ Phone Home _____ Cell _____

Address _____ Email _____

Child's Name	Gender	Age in August	DOB	Grade (2021-22) PreK-4 th Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Regular School Days: SVDP Extended Day is available from 3:30 – 5:45 only on days there is school. The cost is \$12 per day for the 1st child and \$10 per day for each additional child (billed monthly). Note: You will be billed for each registered day unless notice has been received by the Extended day Director 7 days prior to your child’s absence. There is an additional Late Fee if children are not picked up by 5:45.

Application fee: \$25.00 fee must accompany this registration form.

Please check the days your child/children will likely attend. A monthly calendar will be sent out on the 15th of the preceding month that you will be registering for:

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Father/Guardian

Mother/Guardian

Name _____

Name _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Work Phone _____

Work Phone _____

Parent Signature _____ Date _____

It is required that you have at least one other person (NOT a parent) who can pick up your child in case of an emergency.

People who have permission to pick up my child/children.

Name: _____ Phone: _____

Name: _____ Phone: _____

Person who will take responsibility for the child(ren) in an Emergency when the parent cannot be reached.

Name: _____ Phone: _____

Office use only

Check No. _____ Date _____ Amount _____

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Consent to Contact Physician in an Emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to St. Vincent de Paul School Extended Daycare Program to contact

Doctor _____ (name of Physician) at _____ (Phone number) _____ (address with city)

and if necessary take my child(ren) to the following doctors(s), clinics, or hospital _____.

Signature of Parent/Guardian _____ date _____

Childs Medical Information

Current health status or any health problems caregiver should know: _____

List any allergies and or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Any special concerns (glasses, hearing aid, etc.) or activities children should not engage in need to be listed here:

Receipt of Parent Information Brochure and St. Vincent de Paul Extended Daycare Handbook

Child Care Program – St. Vincent de Paul Extended Daycare Program

Enrolled Children _____

Parent/Guardian names _____

Signature of Parent or Guardian _____ Date _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent or Guardian _____ Date _____