

ST. VINCENT DE PAUL SCHOOL SEWARD NE

Application for Extended Daycare Program 2022-23

Please Print

Parent(s) Names _____ Phone Home _____ Cell _____

Address _____ Email _____

Child's Name	Gender	Age in August	DOB	Grade (2022-23) PreK-5 th	Grade
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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 School Office or the Extended day Director 24 hours 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 _____

I certify that I have received a copy of the St. Vincent de Paul Extended Daycare Handbook and the above information is correct to the best of my knowledge.

Signature of Parent or Guardian _____ Date _____