

ST. VINCENT DE PAUL SCHOOL SEWARD NE

Application for Extended Daycare Program 2023-24

Please Print

Parent(s) Names \_\_\_\_\_ Phone Home \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Child's Name	Gender	Age in August	DOB	Grade (2023-24) PreK-5 <sup>th</sup>	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 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 5<sup>th</sup> 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 \_\_\_\_\_

ST. VINCENT DE PAUL SCHOOL SEWARD NE

Application for Extended Daycare Program 2023-24

**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 \_\_\_\_\_