ST. VINCENT DE PAUL SCHOOL SEWARD NE

Application for Extended Daycare Program

Please Print

Parent(s) Name_____
Phone#_____, _____

Address_____Email_____
_____

Child's Name	Gender	Age in August	DOB	Grade
_____	_____	_____		
_____	_____			
_____	_____	_____		
_____	_____			
_____	_____	_____		
_____	_____			

Regular School Days: SVDP Extended Day is available from 3:30-5:30 only on days there is school. The cost is $12 per day for the 1st child and $10 per day for the each additional child (billed monthly). As a safety measure, please call (don't email) the **school office** and let us know if there is a schedule change and what the new plan is for how your child is getting home. Please call rather than email because it ensures we get the message in time. If you need to get a message to the care provider during the extended care hours of 3:30-5:30, please contact the director; **Dorothy Marshal at 402-646-5421**.

The application fee for the year is $25.00 per family, and it must accompany this registration form.

Please check the days your child/children will likely attend. A monthly calendar will be sent out on the 5th of the preceding month that you will be registering for. Please send this calendar back by the 10th of the preceding month.

Mon___Tues___Wed___Thurs___Fri___

Father/Guardian

Name_____
Mother_____

Employer_____
Employer_____

Employer Address_____ Employer Address_____

Work Phone_____ Work Phone_____

Parent Signature_____

It is required that you have at least one other person who is 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 if the parent cannot be reached.

Name_____ Phone_____

Office Use Only

Check No. _____ Date_____ Amount_____