

**ST. PIUS X EXTENDED CARE
2017 – 2018 STUDENT REGISTRATION**

***** PLEASE PRINT CLEARLY *****

Parent(s) Last Name: _____

Student(s) Name(s) and Grade(s):

1. _____
2. _____
3. _____
4. _____

Student(s) may be released to (other than parent):

Please list any food allergies or physical limitations for your student(s)

1. _____
2. _____
3. _____
4. _____

Billing Information: Standard billing is on a monthly basis and will be sent home with your oldest child unless optional e-mail is checked.

Optional (check one or both if service is wanted):

- () send e-mail statement to: _____
() automatic deduction on 20th of each month (complete information on back)

Attendance Schedule: student(s) will be attending the following hours*

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

* general schedule for staffing purposes only

Health Statement: My student(s) listed above is/are in good health without restrictions, immunizations are up to date and an immunization record is on file in the school office.

Licensing Notebook: I am aware of the Licensing Notebook and Childcare Handbook, located at the entrance of the Child Care Center. I acknowledge that I am able to view said notebook at any time during regular center hours.

Extended Care Agreement: I have received and read the St. Pius X Extended Care Program Guide and agree to abide by its rules and regulations.

Parent Signature

Date

Parent's Daytime Phone Number: _____

**ST. PIUS X EXTENDED CARE
2017 – 2018 AUTOMATIC PAYMENT/DEDUCTION**

Please deduct my monthly Extended Care charges from the following account:

***** PLEASE PRINT CLEARLY *****

Bank/Credit Union Name: _____

Bank/Credit Union Routing Number: _____

Bank/Credit Union Account Number: _____

checking account

savings account

Name on account: _____

Automatic deductions for Extended Care are processed on the 20th of the month (Friday before if 20th is a Saturday or Sunday). Any June charges will be added to May charges and one deduction will be taken for both months on June 20th.

Signature: _____

Date: _____

**** NOTE:** This information will be held in confidence by the bookkeeping office. It will not be included with the registration information on the first page for the Extended Care staff.