



**ST. JOHN THE BAPTIST CATHOLIC SCHOOL
EXTENDED CARE PROGRAM
REGISTRATION FORM**



Return to the School Office when complete. Contact Ms. Stubbe in the School Office with questions on your registration.

PARENT INFORMATION

Parent 1 _____

Address _____

Cell Phone _____

Work Phone _____

Email _____

Parent 2 _____

Address _____

Check if same as Parent 1

Cell Phone _____

Work Phone _____

Email _____

AUTHORIZED DROP-OFF / PICK-UP CONTACT(S)

Name	Phone Number(s)	Relationship to Student(s)

STUDENT INFORMATION

	Student Name	Student Grade	School Registered At	Special Notes (allergies, medications, etc.)
1				
2				
3				
4				
5				

Extended Care Statements / Balance Notifications

Please email me/us our balance.
Send the email to

- Parent 1's Email
- Parent 2's Email
- Both Parent Emails

OR

Please send a paper copy of our
statement home with our student.

_____ (Student Name).

Anticipated Attendance and Drop-Off / Pick-Up Times

We understand that schedules may change, but please be as accurate as possible when completing this section.

If your schedule does change, please contact the School Office so we can make sure staff are scheduled to fit your needs.

Day of Week	Before School Drop-Off Time (approximate) and Attendance Frequency		After School Pick-Up Time (approximate) and Attendance Frequency	
Monday		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)
Tuesday		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)
Wednesday		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)
Thursday		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)
Friday		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other (describe below)

Please describe any "Other" circumstances _____

By signing below, I understand that

- Extended Care - either Before Care or After Care - is not available at St. John the Baptist Catholic School under the following circumstances:
 - When St. John the Baptist Catholic School is not in session, such as scheduled breaks (Thanksgiving, Christmas, Spring / Easter) and In-Service Days (Teacher and Diocesan).
 - When St. John the Baptist Catholic School has closures due to inclement weather, such as 2-Hour Delays (Before School only), Early Dismissals (After School only) or Full Day Closures (both Before and After School)

NOTE - After Care is available on scheduled Early Dismissal days if there is enough interest.
- Before School Care ONLY - My child(ren) has(have permission to board the bus at St. John the Baptist Catholic School to be transported to the school they are registered at.

Parent Signature _____

Date _____