

**XAVIER SCHOOL AGE (K – 8<sup>th</sup> GRADE)**  
**EXTENDED CARE PROGRAM**  
**2017-2018 ENROLLMENT**

Date\_\_\_\_\_

Child's Name\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ E-mail\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone Number\_\_\_\_\_

Grade your child will be attending this year\_\_\_\_\_

**I would like to enroll my child in the following extended care program:**

**SCHOOL AGE K-8<sup>TH</sup> GRADE:**  
\_\_\_\_\_ After School Care Only (\$147 a month)  
\_\_\_\_\_ Before and After School Care (\$215 a month)

**Part-time:**  
\_\_\_\_\_ Hourly care: \$5.00 per hour

**\*\*ALL CARE MUST BE SCHEDULED/CANCELLED WITH 48 HOURS NOTICE OR ADDITIONAL FEES MAY BE APPLIED TO YOUR ACCOUNT.**

**For office use only:**

Aug\_\_\_\_\_ Sept\_\_\_\_\_ Oct\_\_\_\_\_ Nov\_\_\_\_\_

Dec\_\_\_\_\_ Jan\_\_\_\_\_ Feb\_\_\_\_\_ March\_\_\_\_\_

April\_\_\_\_\_ May\_\_\_\_\_

**PERMISSION TO RELEASE**

Child's Name \_\_\_\_\_  
(PLEASE PRINT)

Parent's Name \_\_\_\_\_  
(PLEASE PRINT)

**Please list all the names and phone numbers of persons you give permission for Extended Care to release your child to from our care. Please note that we check the IDs to ensure proper authorization. Also, any person that is picking up a child from the Extended Care Center must be at least 16 years of age. You may add/remove additional names and phone numbers to this list as needed.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_