

XAVIER SCHOOL AGE (K – 8th 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-8TH 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. _____