

**St. Catherine Labouré School**  
**2015 – 2016 DAY CARE REGISTRATION**

PLEASE COMPLETE AND RETURN THIS REGISTRATION FORM AND FEE BY June 8<sup>th</sup>, 2015.

REGISTRATION FEES:            1 CHILD \$25.00            2 OR MORE \$35.00 PER FAMILY

FAMILY NAME: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

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PARENT/GUARDIAN: \_\_\_\_\_ Mom's cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

**PICK-UP AUTHORIZATION**

I authorize the Extended Day Care Program staff to release my above named child/ren to the adults listed below in the event that I am unable to pick him/her up on a given day.

I understand that any of these adults **WILL BE REQUIRED** to show proper identification, and that, at sign-out time, the Extended Day Care staff and St. Catherine School relinquishes all responsibility for my child.

I understand that my child will be released **ONLY** to persons listed on this pick-up authorization form. Unless I give written notice or I have called the School Office or called Day Care and given verbal permission to release my child/ren to a person that is not on my pick-up authorization list.

At least TWO names, other than those of the parents/guardians, and phone numbers must be listed.

Name (please print): \_\_\_\_\_ Hm phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Hm phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Hm phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES:**

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_