



**SCHOOL OF ST. MARY**

To Learn, To Serve, To Lead

School Year \_\_\_\_\_

Registration Fee paid (Y) (N) \_\_\_/\_\_\_/\_\_\_

**EXTENDED DAY PROGRAM APPLICATION**

\_\_\_\_\_  
Last Name

Parents'/Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
Email \_\_\_\_\_

\_\_\_\_\_

Dad Work Number \_\_\_\_\_

Dad Cell Number \_\_\_\_\_

Mom Work Number \_\_\_\_\_

Mom Cell Number \_\_\_\_\_

Child's First Name	Gender	Grade	DOB	AM or PM
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Allergies, chronic conditions, health concerns:

\_\_\_\_\_  
\_\_\_\_\_

I anticipate using the program:

Mornings: (M) (T) (W) (Th) (F)

\_\_\_\_\_ To Be Determined Weekly

Afternoons: (M) (T) (W) (Th) (F)

\_\_\_\_\_ Other \_\_\_\_\_

Additional people who may be contacted in case of emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Additional people who are authorized to pick up your child:

Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Please list any additional information that may be helpful to the Extended Day staff.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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Dear Parent/Guardian,

The Extended Day Program may plan fieldtrips to neighboring places. We request your permission, in advance, to do so. You will, however, be notified in writing of actual dates and times of any events taking place off school grounds.

Thank you,

Extended Day Program Directors

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STATEMENT OF CONSENT AND RELEASE OF LIABILITY

I, the parent/guardian of \_\_\_\_\_ hereby request that my son/daughter participate in the off school grounds, walking trips with the children enrolled in the Extended Day Program. I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the above-named student. I hereby release and save harmless the School of St. Mary and any and all of its employees from any and all liability for any and all harm arising to our son/daughter as a result of this trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date