

**SAINT URSULA EXTENDED DAY
PARENT INFORMATION**

Name _____

Address _____

City, State, Zip _____ Phone _____

Mother's Home Phone _____

Mother's Business Phone _____ Cell Phone _____

Mother's E-mail address (for **early dismissal, etc.**)

Father's Home Phone (if different) _____

Father's Business Phone _____ Cell Phone _____

Father's E-mail address (for **early dismissal, etc.**) _____

Please indicate if your child(ren) has a known medical condition that we should be aware and we will follow-up with the school nurse. _____

Attached is my non-refundable registration fee made payable to Saint Ursula Extended Day.

Parent's Signature _____ Date _____

**ST. URSULA EXTENDED DAY
REGISTRATION**

Student's Name _____ (M) (F) Grade _____

Student's Name _____ (M) (F) Grade _____

Student's Name _____ (M) (F) Grade _____

So that we may bill correctly, please indicate the plan that best suits your childcare needs.

_____ **PLAN I** AM ONLY (Monday - Friday 7:00am-7:45am)

_____ **PLAN II** PM ONLY (Monday - Friday 2:50pm - 6:00pm)

_____ **PLAN III** AM/PM (combination of Plan I and Plan II)

_____ **PLAN IV** AM PART TIME

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

_____ **PLAN V** PM PART TIME

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

_____ **PLAN VI** Early dismissal days (11:50am-2:50pm)

Parent's Signature _____ Date _____

**SAINT URSULA EXTENDED DAY
AUTHORIZATION FORM**

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

The following people are authorized to sign out my child(ren) from Saint Ursula Extended Day Program. Please include all parents/guardians.

Parent/Guardian (please print) _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian (please print) _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Parent/Guardian Signature _____ Date _____

1. Print Name _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Signature _____ Date _____

2. Print Name _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Signature _____ Date _____

3. Print Name _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Signature _____ Date _____

4. Print Name _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Signature _____ Date _____