

**BLESSED TRINITY SCHOOL**

**Extended Day Registration**

**2009-10**

**APPLICATION PER STUDENT**

To be filled out and  
fee paid at time of  
registration for the  
new school year

**Office Use Only**

Date \_\_\_\_\_

Paid \$ \_\_\_\_\_

Check# \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

(Please Print)

**Different Family Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_  
Street City Zip

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Emergency persons to contact:

1. \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me at home or at work, I hereby authorize the school to call a physician named below and follow his/her instructions. If physician cannot be reached, the school may make whatever arrangements seem necessary.**

**Signature** \_\_\_\_\_

**Parent/Guardian**

Local physician's name \_\_\_\_\_ Phone # \_\_\_\_\_

**LIST ANY CONDITION OR ALLERGIES YOUR CHILD MAY HAVE THAT SHOULD BE BROUGHT TO THE ATTENTION OF ALL PERSONNEL IN CASE OF A REACTION, FLARE-UP ETC.**

Is your child presently on any medications? No \_\_\_ Yes, for \_\_\_\_\_

I hereby authorized the following people to pick up my child(ren):

**PHOTO ID REQUIRED** (Please print clearly)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Changes to the above list **MUST** be made in writing, signed, and sent to the school office to the attention of Mrs. Hahn or Mrs. Watts, before the child will be released to anyone besides those listed

Please notify us **IMMEDIATELY** if there are any changes in the above information.

**Registration fees 2009-10**

One Child.....\$15.00 per year  
Two children.....\$20.00 per year  
Three or More Children...\$25.00 per year

**Weekly Fees 2009-10**

Morning Care only.....\$6.00 per week per child  
Afternoon Care only (1-2 children) ...\$21.00 per week perchild  
(3<sup>rd</sup> or more) ..\$10.00 per week per child

**Note:** There are no hourly or daily rates. If you use Extended Care at all during the week, you must pay the rate listed above. **Fees are due in advance of use.** Delinquent accounts will result in phone calls to pick up your child.