

**Saint James Catholic School  
EXTENDED CARE EMERGENCY INFORMATION SHEET**

**PLEASE PRINT CLEARLY – COMPLETE ALL QUESTIONS – ALL INFORMATION IS CONSIDERED CONFIDENTIAL**

Family LAST Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ / \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Name	Grade	PRECAUTIONS / ALLERGIES / MEDICATIONS – LIST ALL
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

FATHER’S Name: \_\_\_\_\_ MOTHER’S Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ / \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ / \_\_\_\_\_ Work Phone #: \_\_\_\_\_ / \_\_\_\_\_

**Emergency Care Information: In the event I/we cannot be reached, one of the following designated contacts should be notified. They are authorized to act in our absence and will be informed that their names have been listed as emergency contacts.**

Emergency Contact Name	Relationship to Child	Daytime Phone #	Cell Phone #
1) _____	_____	_____ / _____	_____ / _____
2) _____	_____	_____ / _____	_____ / _____
3) _____	_____	_____ / _____	_____ / _____
4) _____	_____	_____ / _____	_____ / _____

**SPECIAL NOTES/CONCERNS – Please list all:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOURS: 6:45 AM – 7:30 AM and 3:00 PM – 6:00 PM**

**MY CHILDREN WILL BE ATTENDING EXTENDED DAY CARE AT ST. JAMES SCHOOL - AFTER SCHOOL EXTENDED CARE \$4.50 PER HOUR OR PORTION THEREOF, PER STUDENT, UNTIL 6:00 PM. THE RATE WILL INCREASE TO \$1.00 FOR EVERY MINUTE AFTER 6:00 PM.**

**THE REQUIRED REGISTRATION FEE OF \$10.00 PER STUDENT IS ENCLOSED.**

**I AGREE AND UNDERSTAND MY FINANCIAL OBLIGATION AND RESPONSIBILITY AS A PARENT/GUARDIAN IN HELPING TO MAKE THE EXTENDED DAY CARE PROGRAM A SUCCESS. I AGREE TO PAY ACCORDINGLY, AS INDICATED ABOVE.**

**PAYMENTS ARE DUE THE 10<sup>TH</sup> OF EACH MONTH.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_