



Our Lady of the Valley School Extended Care Program Registration Form

Child Information

Child's Name (please print) _____ Goes By _____

Grade in Fall _____ Birthdate ____/____/____ Male ___ Female ___

Person responsible for payment _____

Billing Address _____ City _____ State _____ ZIP _____

Child lives with ___ Mother ___ Father ___ both ___ other

Parent(s) email(s) _____

Parent (Guardian) Name _____ Relation _____

Cell(____) _____ wk(____) _____ hm(____) _____

Parent (Guardian) Name _____ Relation _____

Cell(____) _____ wk(____) _____ hm(____) _____

Child's Doctor _____ #(____) Child's Dentist _____ #(____)

Medical Insurance Name _____ Policy Holder _____ ID _____

Other information that would be helpful in taking care of your child:

days

Please check days & times you wish for your child to attend.

Mornings ___ Afternoons ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Pick Up Information

The parent / guardian is authorizing the following people to be an emergency contact and authorizing pick up for the child named above.

Name _____ Relation _____

Cell(____) _____ wk(____) _____ hm(____) _____

Name _____ Relation _____

Cell(____) _____ wk(____) _____ hm(____) _____

Name _____ Relation _____

Cell(____) _____ wk(____) _____ hm(____) _____

Parents are responsible for payment of all ECP fees Monthly statements will be sent out the first week of each month and payment should be received in the office by the 10th of each month. Outstanding balances will be subject to a service charge of \$5.00 per week for each week overdue. Failure to pay all ECP fees will be subject to losing ECP privileges.

Signature

Date