

IMMACULATE CONCEPTION SCHOOL
452 BOW STREET
ELKTON, MD 21921
410 398 2636

August , 2008

DUE – August 28, 2008

EXTENDED CARE INFORMATION

NAME OF CHILD _____ BIRTH DATE _____

NAME OF PARENTS _____

ADDRESS _____

PHONE _____ APPROX. TIME OF PICK UP CHILD _____

EMPLOYMENT: MOTHER _____ FATHER _____

CELL PHONE: MOTHER _____ FATHER _____

BUSINESS PHONES # _____ # _____

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE.

NAME _____ RELATION TO CHILD _____

ADDRESS _____ PHONE # _____

NAME OF PERSONS OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED

(1) _____ (2) _____

EMERGENCY MEDICAL CARE

I, _____, THE PARENT (OR LEGAL GUARDIAN) OF _____ WHO IS MY
MINOR CHILD, HEREBY AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE
EVENT THAT I CANNOT BE CONTACTED, I GIVE PERMISSION TO TREAT MY CHILD. I
UNDERSTAND I WILL BE FINANCIALLY RESPONSIBLE FOR THE COST OF SUCH TREATMENT.

SIGNATURE OF PARENT OR GUARDIAN _____

NAME OF CHILD'S PHYSICIAN _____

PHONE # _____ OFFICE HOURS _____

SPECIAL MEDICAL INFORMATION (ALLERGIES, ETC) _____

HEALTH INSURANCE IDENTIFICATION INFO. _____

**REGISTRATION FEE \$15 PER CHILD. PAYABLE AT TIME OF REGISTRATION. Any applications for
received after the 08/28/08 due date will be subject to a \$15. 00 late fee.**

IMMACULATE CONCEPTION SCHOOL

EXTENDED CARE PROGRAM

(will begin September 4, 2008)

2008 - 2009

My child/ren will be in extended care:
2:30 - 3:30 M T W T F

2:30 - 4:30 M T W T F

2:30 - 5:30 M T W T F

My child/ren will be in extended care: (give approximate time for each day - example:
2:30 - 5:15)

12:00 - 5:30 on early dismissal days. **(Children are to bring lunch)**

**THERE WILL BE NO EXTENDED CARE ON SNOW EMERGENCY DAYS.
YOU NEED TO HAVE AN ALTERNATIVE PLAN.**

Check sign at Kindergarten door for location of Extended Care Children.

THE EXTENDED CARE PROGRAM IS A SERVICE FOR WORKING PARENTS WHO HAVE NO OTHER CHILD PROVIDERS. DAY AND OR WEEKLY CHARGES MUST BE PAID ON TIME OR YOU CHILD/REN MAY NOT PARTICIPATE IN THE PROGRAM. THANK YOU FOR YOUR COOPERATION.

PLEASE FILL OUT BOTH SIDES OF THIS SHEET AND RETURN TO SCHOOL OFFICE BY 08/28/08. ANY APPLICATIONS FOR EXTENDED CARE RECEIVED AFTER THE 08/28/08 DUE DATE WILL BE SUBJECT TO A \$15.00 LATE FEE.