



**St. Thomas More Catholic School**  
**Extended Care Registration Form**  
**2025/2026**

Students' Last Name \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

**Days Attending Before Care:**

Monday Tuesday Wednesday Thursday Friday As Needed

**Days Attending After Care:**

Monday Tuesday Wednesday Thursday Friday As Needed

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

Court Ordered/Custody Restraints (If applicable):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Two Emergency Contacts (must be 18yrs. or older & show photo ID)

Name: \_\_\_\_\_ phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of an emergency and the parent or emergency contact cannot be reached and in judgement of the school staff and/or extended care staff it is decided that immediate medical and or hospital attention is necessary, do you authorize school staff/extended care staff to send your child accompanied by school personnel to the hospital or physician?

Yes

No

By signing below, I am agreeing that I have read and understand the terms of the Extended Care program and wish to register my child/children in the St. Thomas More Extended Care program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date