

2026-2027 Extended Care Enrollment Form

Extended care hourly fee: \$12/one child, \$16/two children, \$17/3. Parents will be billed monthly through facts.

2026-2027 Holy Family Catholic School Extended Care Emergency Care Information

(You may attach a copy of the school ECC info instead of completing this BUT we still need the middle part in bold completed and your signature on the bottom.)

Last name: _____ First name _____ Date of Birth _____ Teacher _____

****Allergies/concerns: _____

First name _____ Date of Birth _____ Teacher _____

****Allergies/concerns: _____

First name _____ Date of Birth _____ Teacher _____

****Allergies/concerns: _____

Name: Mother _____ Father _____ Guardian _____

cell phone: _____

work phone : _____

Address _____

Authorized adults other than parents who may sign your child out or who may be contacted in case of illness or emergency (These adults will be required to show a photo ID and/or provide the code word):

Name	Relationship	Phone	May we contact i.c.o. illness/emergency?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

*******Name any person(s) to whom your child should NEVER be released:** _____

*****CODE WORD TO BE PROVIDED BY PARENT/AUTHORIZED PERSON AT PICK UP (This can be the same code word used for preschool):** _____ (Your child should NOT know this word.
Adult picking up may be asked for code word and/or photo I.D.)

Special concerns: _____

Physician name and phone number: _____

Dentist name and phone number : _____

Insurance provider name/policy or group number _____

In the unlikely event of an emergency, I give permission for my child to be transported to _____ as deemed necessary by local EMS personnel.

List any special needs or information regarding your child that may be shared with emergency personnel:

Please indicate your likely extended care needs: (You are not tied to this. This helps us in planning.) Please circle expected use.

Mon.- am pm Tue.- am pm Wed.- am pm Thurs.- am pm Fri.- am pm / **OR** / Intermittent

Signature of parent/guardian _____ Date _____