

BISHOP JOHN CARROLL CATHEDRAL SCHOOL

Full-Time Extended Care Registration

2026-2027 PreK through 8th Grade

Dismissal - 5:30pm in the Cafeteria, includes AM Care 7:00-7:40 at no extra cost

\$2250 per school year

billed in 9 equal monthly payments of \$250, September - May

Late Fee of \$20 at the start of every 15 minutes late

Student name: _____

Gender (circle one): Male / Female Birthday ____ / ____ / ____ Grade _____

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Gender (circle one): Male / Female Birthday ____ / ____ / ____ Grade _____

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Gender (circle one): Male / Female Birthday ____ / ____ / ____ Grade _____

Pick Up & Emergency Information:

Your child/ren will not be allowed to be picked up by anyone other than those listed below without prior notification.

Primary Contact

Name: _____

Relationship to Student: _____

All Phone Numbers: _____

Secondary Contact

Name: _____

Relationship to Student: _____

All Phone Numbers: _____

As parent/legal guardian, I give permission for any of the following to pick up my child/ren or to be contacted in case of an emergency if neither name above is available:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Parent/Legal Guardian signature: _____ **Date:** _____