



# 2026-2027 ST. CATHERINE LABOURÉ

## DAY CARE REGISTRATION FORM

### KINDERGARTEN - 8<sup>TH</sup> GRADE

**REGISTRATION FEES: 1 CHILD \$35.00 2 OR MORE \$45.00 (must accompany form)**

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade in fall \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade in fall \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade in fall \_\_\_\_\_

Please provide an e-mail address for both parents Mom: \_\_\_\_\_

Please write clearly and legibly

Dad: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **EMERGENCY AUTHORIZATION**

I authorize the Extended Day Care Program staff to release my above named child to the adults listed below in the event I am unable to pick him/her up on a given day.

I understand that any of these adults *WILL BE REQUIRED* to show proper identification and that at sign-out time, the Extended Day Care staff and St. Catherine Labouré School relinquishes all responsibility for my child.

I understand that my child will be released *ONLY* to persons listed on this emergency authorization form, unless I send in a signed and dated note with the desired pick-up person's name, or call in and request my child be released to the person I name, or a Daycare Staff member calls the parent to get a release from the parent.

**At least TWO names and phone numbers must be listed.**

Name: (please print): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: (please print): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: (please print): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES:**

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_