

**Immaculate Heart of Mary School  
Extended Care Registration 2021-2022**

**Please complete one form for EACH student.**

**MORNING CARE** (circle)

**AFTERCARE** (circle)

Morning Care: **M T W Th F** **DROP-IN**

Aftercare: **M T W Th F** **DROP-IN**

New Family to After Care: **Yes or No**

**Student's Name:** \_\_\_\_\_ **Grade in Sept 2021:** \_\_\_\_\_

Student's Primary Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Mother's Address \_\_\_\_\_

Cell#: \_\_\_\_\_

\_\_\_\_\_

Work#: \_\_\_\_\_

Home#: \_\_\_\_\_

Father's Name \_\_\_\_\_

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

Father's Address \_\_\_\_\_

Cell#: \_\_\_\_\_

\_\_\_\_\_

Work#: \_\_\_\_\_

Home#: \_\_\_\_\_

*Please notify, by email, if any custody arrangements are in place.*

**Recurring Aftercare Payments will be automatically deducted from your FACTS account the 5th of every month.  
Morning Care and Aftercare Drop-ins will be billed the following month.**

**Emergency Contact Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Relationship** \_\_\_\_\_

Adults authorized to pick up your child (other than listed above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Info/Medical/Allergies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* I understand and have read the discipline & late pick-up policy for the 2021-2022 school year.

\*\*\*Enrollment forms must be received by July 20, 2021 for my child/children to guarantee a spot for the program for the 2021-2022 school year.

\*\*\***First time applicants** have a **one-time \$50.00 per family** capital contribution that will be charged to FACTS upon registration.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date