

Blessed Sacrament School
APPLICATION FORM
EXTENDED DAY CARE PROGRAM
2017-2018

Hours of Operation: 3:20 – 5:45 Monday – Friday
No Extended Care on Early Dismissal Days

DATE: _____ DATE TO BEGIN: _____
Extended Care Services begin on Monday, August 21st.

<i>Student Name</i>	<i>Age (August 2017)</i>	<i>Grade (August 2017)</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

ATTENDANCE TIME:
Pick-up time (P.M.): _____

BILLING EMAIL: _____

Parent/Guardian
Name(s) _____
Address _____
City, State & Zip _____
Phone Number _____

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Do not complete until Mrs. Kruger receives this application

_____ I have received the Blessed Sacrament Extended Care Policy
_____ I have received the DHHS Nebraska Parent Information Brochure for Licensed Child Care

Signature _____ **Date**

Any outstanding Extended Care Balance MUST be paid IN FULL prior to admittance
****Registration Fee \$25.00 Per Family****