

**Blessed Sacrament School Extended Care Program**  
**APPLICATION FORM**

Hours of Operation: 7:00 – 7:50am 3:20 – 5:45pm Monday – Friday  
**Possibly No Extended Care on Early Dismissal Days**

DATE: \_\_\_\_\_ DATE TO BEGIN: \_\_\_\_\_  
Extended Care Services begin on Monday, August 19, 2024

<i>Student Name</i>	<i>Age (August 2024)</i>	<i>Grade (August 2024)</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

**LIKELY ATTENDANCE TIME:**

Arrival time (A.M.) \_\_\_\_\_ Pick-up time (P.M.): \_\_\_\_\_

**BILLING EMAIL:** \_\_\_\_\_  
(please print carefully)

**Parent/Guardian**

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

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

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

**Registration Fee \$25.00 per Family**