

Blessed Sacrament School Extended Care Registration

Hours of Operation: 7:00- 7:50 am 3:20-5:45 pm Monday-Friday

Enrollment Date: _____

Attend: ____ Morning ____ After school

Parent/Guardian(s):

Name: _____

Name: _____

Phone number: _____

Phone number: _____

E-mail: _____

E-mail: _____

Student Name:	Age (August 2025)	Grade (August 2025)

Child's Medical Information:

Current health status or any health problems caregiver should know: _____

List any allergies and provide clear instructions in the event of an exposure: _____

Registration Fee: \$25.00

Rate for registered families is \$2.00/20 min. for the first two children.

Rate for unregistered families is \$4.00/20 min.

Please pay the registration fee at the office by check or cash. Alternatively, you may ask the administrative assistant, Carrie Black, to charge your FACTs account.

Signature: _____

Date: _____