



Holy Family ECC Extended Day Program Registration & Emergency Form

Name of Student: _____ Date of Birth: _____

Days and Hours of care: _____

Payment & Preference: **Extended Day: 3:00pm - 6:00pm**

Monthly 5 Days \$190.00

Monthly 3 Days \$132.00

☐ Paid over 10 months - August-May
☐ Daily rate paid in cash at ECC office

Parent Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Mom Work #: _____ Mom Cell #: _____

Dad Work #: _____ Dad Cell #: _____

Step Parent Name: _____

Step Parent Work #: _____ Step Parent Cell #: _____

1. Emergency Contact Name: _____ Relation: _____

Emergency Contact Work #: _____ Emergency Contact Cell #: _____

2. Emergency Contact Name: _____ Relation: _____

Emergency Contact Work #: _____ Emergency Contact Cell #: _____

Parents Email: _____

Signature of both Parents/Guardians: _____

Adults 18 and older permitted to pick up your Child First and Last name with Phone Number:

_____	_____
_____	_____
_____	_____
_____	_____