



**Mother Catherine Academy**  
**Extended Day Care Registration**  
**2025 - 2026**

Children Attending Extended Day Care Program

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

Please check which of the following your child(ren) will be attending.

- ☐ Before Care
- ☐ Aftercare
- ☐ Both Before and After Care

Home Address \_\_\_\_\_

Home Telephone # (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Phone (\_\_\_\_) \_\_\_\_\_

People permitted to pick up my child(ren) – please include phone numbers where they can be reached.

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**A non-refundable fee of \$25 for one child or \$35 per family must accompany this registration.** Full or part time families **are charged** whether they use the Extended Day Care Program for the full week or not.

By signing below, I authorize Mother Catherine Academy to release a copy of the Emergency Release Form and any patient medical information/medication on my child(ren) to the Extended Day Care Personnel. Also, by signing below, I have read, understand, and accept the Extended Day Care Program Rates and Policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_