



- EST. 1921 -

# SAINT ROSE *of* LIMA CATHOLIC SCHOOL

PRAYER | STUDY | COMMUNITY | SERVICE

## EXTRA CARE PROGRAM REGISTRATION FORM 2025-2026

*(There is a \$35.00 FAMILY REGISTRATION FEE DUE WITH THIS FORM)*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of emergency,  
Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

***DESIGNATED PICK-UP PERSON.*** Include all information requested, and notify every person that they are listed and that they *must show ID*. Be sure the person is of legal age.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

SPECIAL COMMENTS: \_\_\_\_\_

Allergies: \_\_\_\_\_

Handicaps or limitations: \_\_\_\_\_

Are there custody issues that we should be aware of? YES NO

In the event of illness or injury, we will attempt to reach a parent. If we fail in doing so, we will call the contacts in the order listed. In the event of serious illness or injury, and a parent cannot be reached, we will contact the local ambulance and transport the child to the nearest hospital.

If your child will be using the program on a regular basis, please fill in their schedule, if it will change from week to week check the box under the schedules.

If your child/children will be attending almost every day, please check here. ☐

If your child/children will not have a set schedule, please check here. ☐

**When you need to make changes to your child/children's schedule, please call in your changes to (856) 546-6166 by 2:00 pm or you will be charged for the day.**

#### **2025-2026 AFTER SCHOOL CARE**

Number of Children	Until 4:30	After 4:30	Extended Care -1/2 Days
One Child	\$14.00	\$18.00	+\$10.00
Two Children	\$20.00	\$22.00	+\$10.00 per child
Three Children	\$22.00	\$24.00	+\$10.00 per child

**Lateness – Pick-up after the closing time of 6:00 pm will result of a charge of \$1.00 per minute.**

#### **BEFORE SCHOOL CARE**

**\$10.00 Per Day Per Child – 7:00 – 7:45 am**

The Extra Care program will begin before and after school on **Wednesday, September 3, 2025**. If you are planning to utilize the program, please return the registration form and fee to St. Rose School by **September 3, 2025**. Please place Registration Form and payment in an envelope labeled "Extra Care Program. ATTN: Mrs. Hull."

I \_\_\_\_\_, have read all the information concerning the Extra Care Program and agree to cooperate with all rules and regulations stated.

Family Name: \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**All unpaid balances from the 2025-26 school year must be paid before using this year's program.**