

Office Use:

Date:

Time:

St. Margaret School Extended Day Care Program Request Form

Child's Name: _____ Grade in August 2024: _____

Home Address: _____

Family Email: _____ Home Phone: _____

Mother's Name: _____ Employer: _____

Mother's Address (if different) _____

Work Phone: _____ Cell Phone: _____ Work Email: _____

Father's Name: _____ Employer: _____

Father's Address (if different) _____

Work Phone: _____ Cell Phone: _____ Work Email: _____

Persons authorized to pick your child from EDC:

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Indicate (X) days and times that you would like your child to attend EDC.

Time	Grade	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 - 8:00	PK 4					
7:00 - 7:45	K - 5th					
2 Hour Delay	PK 4 - 5th					
Dismissal (PK 3 ONLY) - 2:45	Preschool 3's ONLY					
Dismissal - 4:00	PK 4 Full Day - 8th					
Dismissal - 6:00	PK 4 Full Day - 8th					

Early dismissal days require advance sign up as the days occur, you do not need to enroll separately for these.

Your signature authorizes:

1. Saint Margaret to give a copy of your child's health records to EDC.
2. Saint Margaret School EDC, in emergencies requiring immediate medical attention, permission to have your child transported to the nearest emergency room.

Signature of Parent/Guardian: _____ Date: _____