

Office Use:

Date: Time:

St. Margaret School Extended Day Care Program Request Form

Child's Name: Child lives with: Mother Father
Both

Home Address: Grade in September, 2021:

Home Phone: Family Email:

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 up your child from EDC:

- | | | | |
|----|---------------|--------|------|
| 1. | Relationship: | Phone: | Cell |
| 2. | Relationship: | Phone: | Cell |
| 3. | Relationship: | Phone: | Cell |
| 4. | Relationship: | Phone: | Cell |

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

******* Check here if this is a change from your child's current schedule *******

Time	Grade	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 – 7:45	Preschool					
7:00 – 7:45	K-5					
10:45 – 2:45	Preschool					
Dismissal – 4:00	Pre - 8					
Dismissal – 6:00	Pre - 8					
2 Hour Delays	Pre - 5					

Early dismissal and professional days require advance sign up as the days occur. You do not need to enroll separately for these days.

Your signature authorizes:

1. Saint Margaret School 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: