

Office Use:

Date:

Time:

# St. Margaret School Extended Day Care Program Request Form

Child's Name: \_\_\_\_\_ Grade in August 2025: \_\_\_\_\_

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: \_\_\_\_\_