



## **ST. CATHERINE OF SIENA SCHOOL**

*Middle States Accredited*

39 E. Bradford Avenue, Cedar Grove, NJ 07009

Telephone 973-239-6968 Fax 973-239-1008

[www.scs-school-cedargrovenj.org](http://www.scs-school-cedargrovenj.org)

August 2, 2016

Dear Parents,

Hope you are having a wonderful summer. Let's pray that the weather continues to be as beautiful as it has been!

Even though we still have plenty of summer to enjoy we have to think ahead to September and the beginning of school. If you anticipate making use of our Extended Day Care Program please register by filling out the attached form. Current Extended Day Care rates are on our website. Please print a copy of this form, fill it out, and email it to me ([c.barbarito@scs-school-cedargrovenj.org](mailto:c.barbarito@scs-school-cedargrovenj.org)) **no later than August 15**. This form is **extremely important** and we must have all records and forms ready for the very first day of school, as this is when our Extended Day Care begins. The safety of your children is our main concern. If this form is not received before the beginning of school your child will not be able to attend Extended Day Care.

Thank you for your understanding with this matter. Again, enjoy the summer sunshine!

Carmelyn Barbarito

Peg Velsor

Program Directors

**EXTENDED DAY PROGRAM REGISTRATION**

<b>Before Care</b> (AM only) AM _____	<b>Limited Care</b> (to 4:00 only): AM _____ PM _____	<b>Full Extended Day</b> (to 5:30): AM _____ PM _____	<b>Late Pick Up Option:</b> (to 6:00): PM _____
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Family Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

Email Address Required \_\_\_\_\_

Child(ren) \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Please list the person(s) (must be 18 years of age or older) who are allowed to pick up your child(ren):

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

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

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

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

NAME, RELATIONSHIP, PHONE NUMBER

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

Please Note: Your child(ren) will not be released to anyone whose name does not appear on this form.

Please list below any allergies or medical conditions your child(ren) has:

\_\_\_\_\_  
If any of the above information changes, I will notify the school in writing. I have read and will comply with the guidelines of the Extended Day Program.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date