



# Holy Family ECC Extended Day Program Registration & Emergency Form

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Days and Hours of care: \_\_\_\_\_

Payment & Preference: **Extended Day: 3:00pm - 6:00pm**  
                                     Monthly 5 Days       \$190.00  
                                     Monthly 3 Days       \$132.00

Paid over 10 months - August-May  
 Daily rate paid in cash at ECC office

Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mom Work # : \_\_\_\_\_ Mom Cell #: \_\_\_\_\_

Dad Work # : \_\_\_\_\_ Dad Cell #: \_\_\_\_\_

Step Parent Name: \_\_\_\_\_

Step Parent Work # : \_\_\_\_\_ Step Parent Cell #: \_\_\_\_\_

1. Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Work #: \_\_\_\_\_ Emergency Contact Cell # \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Work #: \_\_\_\_\_ Emergency Contact Cell # \_\_\_\_\_

Parents Email: \_\_\_\_\_

Signature of both Parents/Guardians: \_\_\_\_\_

\_\_\_\_\_

Adults 18 and older permitted to pick up your Child First and Last name with Phone Number:
