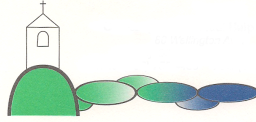


OUR LADY OF PERPETUAL HELP SCHOOL
80 WELLINGTON AVENUE
DALY CITY, CA 94014



2017-2018 Extended Care Registration

Child(s) Name:	Date of Birth:	Grade (Aug '17)
_____	_____	_____
Last First Middle		
_____	_____	_____
Last First Middle		
_____	_____	_____
Last First Middle		

Home Address: _____ Home Phone: _____

Father's/Guardian's Name: _____

Phone: _____

Mother's/Guardian's Name: _____

Phone: _____

The following persons are authorized to pick up my child, _____
(Please print name clearly. Photo ID is required for pick up)

1. _____
2. _____
3. _____
4. _____

*Please note, only people listed here will be authorized to pick up your child.
Check the appropriate Extended Care Program:

- Part-time \$5.00 per hour (per child)
- Full-time \$200.00 per month (per child)
- Morning Care: 7:00-8:00 AM \$100 per month (per child) paid in advance

_____ Date: _____
Parent/s/Guardian's Signature

Please return this form, along with the \$25.00 registration fee to the school office as soon as possible.

OFFICE USE ONLY

Check #: _____ Cash Receipt #: _____ Date Received: _____