

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



**Extended Care Registration**

Child(s) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
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

\_\_\_\_\_  
Parent/s/Guardian's Signature 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: \_\_\_\_\_