

Nativity Catholic School
3310 S. Meadow Dr.
Indianapolis, IN 46239
317-357-1459

REGISTRATION FOR EXTENDED CARE PROGRAM

\$25 Annual Fee Due with Registration

FULL NAME OF STUDENT(S) _____

ADDRESS _____
(Including city, state and zip)

FULL NAME OF PARENT(S) _____

PRIMARY PHONE _____ CELL PHONE(S) _____

E-MAIL _____

MEDICAL CONDITIONS, ALLERGIES: _____

NAMES OF OTHER PERSONS AUTHORIZED TO PICK UP CHILD:

1. _____ Phone _____ Relationship to child _____

2. _____ Phone _____ Relationship to child _____

NAME & PHONE NUMBER OF DOCTOR _____

INSURANCE COMPANY & POLICY NUMBER _____

I authorize the staff of the Extended Care Program to provide emergency medical treatment for my child(ren) and to arrange for him/her to be transported to the hospital if necessary.

We understand that extended care charges are expected to be paid on a regular basis. However, if extended care charges accumulate to the amount of \$250.00 we will lose the privilege of attending after care and morning care.

Signature _____ Date _____