

**ST. MATTHEW CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
CHILD PROTECTION FORM**

PLEASE PRINT

CHILD/CHILDRENS NAME(S) _____

GRADE _____

We/I (parent or guardian) authorize the following people to pick up our/my (child/children) from the Extended Day Program. We/I do understand that any change in the names, addresses or phone numbers made during the school year will be immediately given to the director.

PLEASE LIST AT LEAST ONE PERSON WHO LIVES WITHIN THE PROXIMITY OF ST. MATTHEW.

NAME(Parents)_____

PHONE#_____

ADDRESS_____

WK#_____

DRIVER'S LICENSE#_____

Cell#_____

Pager_____

NAME_____

PHONE#_____

ADDRESS_____

WK#_____

DRIVER'S LICENSE#_____

Cell#_____

Pager_____

NAME_____

PHONE#_____

ADDRESS_____

WK#_____

DRIVER'S LICENSE#_____

Cell#_____

Pager_____

NAME_____

PHONE#_____

ADDRESS_____

WK#_____

DRIVER'S LICENSE#_____

Cell#_____

Pager_____

SIGNATURE OF PARENT OR GUARDIAN COMPLETING THIS FORM

DATE

**ST. MATTHEW CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
CONTRACT**

CHILD'S NAME _____

We (parent or guardian) and child understand the rules and regulations of the Extended Day Program and agree to abide by these as stated in the Student Handbook. Any offenses to these rules could result in the termination of our child/children from the program. A Registration fee of \$18.00 per family will be billed to your account.

Student signature

Date

Parent (Guardian) signature

Date