



HOLY TRINITY
CATHOLIC SCHOOL
 Teaching With Love, Learning With Spirit.

**EXTENDED CARE PROGRAM
 REGISTRATION FORM**

Child(rens) Name	Sex	Date of Birth	Grade

**Days and times each child will be using the program:
 7:00 A.M. until 8:00 A.M.**

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

11:00 A.M. until 3:00 P.M.

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

3:00 P.M. until 6:00 P.M.

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

OFFICE USE ONLY: Non-Refundable Registration Fee of \$50.00 Paid:

Check Number: _____

Date: _____

Extended Care staff & children on occasion may walk to nearby parks or business which may include crossing the railroad tracks to local restaurants in downtown Westmont. By enrolling my child (children) in the Extended Care program, I understand and give my approval for this. I hereby release and indemnify Holy Trinity School , Westmont, IL., its staff, volunteers , and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation.

PARENT'S SIGNATURE: _____

AUTHORIZED PERSONS FOR PICK-UP

1. NAME: _____ PHONE #: _____

RELATIONSHIP: _____

2. NAME: _____ PHONE #: _____

RELATIONSHIP: _____

3. NAME: _____ PHONE #: _____

RELATIONSHIP: _____

4. NAME: _____ PHONE #: _____

RELATIONSHIP: _____