Parent Contract for Extended Care
Resurrection Catholic School at the Cathedral 913-371-8101
Extended Day Care Enrollment Form 2025 - 2026

Parents/Guardians _____

Student Information (List each child who will be attending extended day care.)

Name First Middle Last	Grade for 2025-26	Day(s) Attending
		Mon. Tues. Wed. Thurs. Fri.
		Mon. Tues. Wed. Thurs. Fri.
		Mon. Tues. Wed. Thurs. Fri.
		Mon. Tues. Wed. Thurs. Fri.
		Mon. Tues. Wed. Thurs. Fri.

Extreme Emergency—If your child becomes seriously ill or injured, and the parents cannot be reached within a reasonable length of time, may we have permission to take appropriate action to see that the child gets emergency hospital care? ____Yes ____No

Hospital preference _____

Emergency Contacts---Persons authorized to pick up child(ren). Please include parents.

Name	Relationship to student(s)	Daytime phone number

Extended Day Care Fees:

Registration Fee: $20.00 per child.

Monthly Fee: $156.00 (September-May payments will be added on (FACTS Tuition)

Hours: 3:30 - 5:30 pm

This contract may be terminated by either parent(s) guardian(s) or by the provider by giving a written notice of two weeks in advance of the ending date.

OFFICE USE ONLY

Enrollment fee paid: _____

Parent/Guardian Signatures (Signatures indicate that parents/guardians have agreed to the information and conditions stated on this sheet.)

_____ _____

Father Date Mother Date