

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



2020-2021 Extended Care Registration

Child(s) Name: _____ Date of Birth: _____ Grade (Aug '20)

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: _____