

St. Francis Central Catholic School

Extended Care Enrollment Form



St. Francis Central Catholic School offers our families extended care beyond the normal school hours. We understand that it can be difficult and demanding for families to accommodate their schedules.

Child: _____ Birthdate: _____
First Last M.I.

Home Address: _____ Grade: _____
Street City State Zip

Mother's Name: _____ Home Phone: _____
Employer: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____
Employer: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Parent / Guardian Address (if different from child)

Address: _____
Street City State Zip

Days student will attend Keepers - Extended Care Program: (circle)

M I W TH E

Normal Time of Attendance: _____ pm to _____ pm (Open Hours 3pm-6pm)

What are your child's special interests / favorite activities?

Does your child have any special fears? Yes or No. (if yes, please list)

Please list any other information that may assist us in understanding and caring for your child.

Parent / Guardian Signature: _____ Date: _____