

# St. Francis Central Catholic School

## Snow Day Care Enrollment Form



The Snow Day Care program is intended to provide a safe, reliable, and fun option for busy parents in the event that school is cancelled due to inclement weather.

### **Program Details**

Children must be registered to attend this extended care program and attendance will be limited to 50 children in PreK - 8th grade.

The children will be able to use the gym, cafeteria, and library for a variety of activities. If the weather allows, time will be set aside to play outside so it is suggested that children bring warm jackets and a change of clothing.

Hot Lunch is available for \$4.00 per day or you can bring a cold lunch. A morning and afternoon snack will be provided, as well as hot chocolate to warm up cold children.

### **Program Registration**

Complete the SNow Day Care Enrollment Form to register. Registration fees may be dropped off at the main office. For questions or to learn more, call the School's Main Office at 304.291.5070 or contact Michelle Jeffrey at [mjeffrey@stfrancismorgantown.com](mailto:mjeffrey@stfrancismorgantown.com).

- Hours - 8:30 am - 5:30 pm unless otherwise communicated
- Registration Fee - \$10.00
- Daily Cost:
  - \$45 per day for one child
  - \$65 per day for two children
  - \$90 per day for three or more children

**\*There will be a \$10 charge per snow day for children signed up for the program who do not use the service. This is necessary to cover the cost of staffing.**

# Snow Day Care Program Application

## Student Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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*

## Emergency Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
*Street City State Zip*

Insurance Company: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Please list any persons that we may contact in case of an emergency. My Child may be released to the following persons for emergency and non-emergency situations unless otherwise noted.

*\*A Picture ID will be required if we cannot comfortably identify the person picking up your child.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Mother / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_