

**St. Thomas More Catholic School's
Pawprints Preschool Extended Care
Commitment Form**

Morning Only
(6:45 - 7:45 a.m.)

Please return this form with a non-refundable \$50 fee to secure your spot. Please note, spaces are limited and are filled on a first come first served basis.

Please mark the option that corresponds with your child's class schedule:

Child's Name

Option 1

My child will be using Pawprints Preschool Extended Care in the morning only on his/her preschool days. **(M/W/F)**

I understand that I will be billed \$12.00 for the week. This fee will stay the same in the event that my child is absent.
(Preschool Fee is Separate)

Option 2

My child will be using Pawprints Preschool Extended Care in the morning only on his/her preschool days. **(M-F)**

I understand that I will be billed \$20.00 for the week. This fee will stay the same in the event that my child is absent.
(Preschool Fee is Separate)

Please note the following:

- All extended care fees are due on the following Monday or first day of return for the new week.
- St. Thomas More Preschool and Extended Care follow the school calendar with few exceptions. Please see the St. Thomas More Calendar for details.
- I understand that if St. Thomas More's Pawprints Preschool is not in session due to a scheduled day off, extended care will not be available.
- I understand that I will not be charged extended care fees for St. Thomas More School's scheduled days off.

Mother's Name(s): _____ **Address:** _____

Cell Phone Number: _____ Work Number: _____

Place of Employment: _____

Father's Name(s): _____ **Address:** _____

Cell Phone Number: _____ Work Number: _____

Place of Employment: _____

Place an * by the name of the parent(s) which the child lives with.

Individuals Authorized to pick up my child/children:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Health Record: (If none, please indicate N/A)

Allergies or Restrictions: _____

Operations or Illnesses: _____

Behavior or Special Disorders: _____

Any medications _____

If your child will need to have medication administered by School staff, a copy of a physician's signed care plan will need to be provided prior to your child participating in the Extended Care Program.

Emergency Contact Person:

_____ Contact Number: _____

Authorization to contact below individuals if emergency occurs: YES _____ No _____

Physician Name: _____ Contact Number: _____

Address: _____

Hospital: _____ Contact Number: _____

Address: _____

Dentist Name: _____ Contact Number: _____

Address: _____

In the event that I am not able to be reached and my child needs medical assistance, I hereby give permission for the Extended Care Program staff to contact the specified Emergency Contact persons, physician and/or dentist listed above.

Parent/Guardian Signature _____ **Date** _____