

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

**Morning and Afternoon**  
(6:45 -7:45 a.m. and 3:00 -5:00 p.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 and afternoon on his/her preschool days. **(M/W/F)**

I understand that I will be billed \$36.00 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 and afternoon on his/her preschool days. **(M-F)**

I understand that I will be billed \$60.00 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:**

- Please note that there will be an **additional \$8 fee** applied per day if your child is picked up between 5:00 - 6:00 p.m.
- All extended care fees are due on the following Monday or first day of return for the new week.
- Snack is included in this fee. Lunch is available at an additional cost through a prepaid lunch ticket.
- 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** \_\_\_\_\_