



TRINITAS

A C A D E M Y

EXTENDED CARE ENROLLMENT

Certified by FLOCS # 14393

Please enroll my child in the extended care program. I will be needing:

- Morning Care (7:00 a.m. – 8:15 a.m.) \$20 / Week * Afternoon Care (3:00 p.m. – 6:00 p.m.) \$75 / Week *
- Morning and Afternoon Care - \$85 / Week * Drop-In Care (\$10/Hour)*

Student's Full Name: _____ Preferred Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: () _____ Gender: Male Female

Date of Birth: _____ Grade: _____

Physician: _____ Physician's Phone Number: () _____

Mother's Name: _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

Cell Phone Number: () _____ Other: () _____

Father's Name: _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

Cell Phone Number: () _____ Other: () _____

Emergency Contact numbers in the event that we are unable to reach parents:

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Persons Permitted to remove my child from the Extended Care Program:

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Does your child have any allergies or health problems we should know about? Yes No

Explain: _____

In the events parents cannot be contacted, the permission to treat your child on the form on file in the office will apply.
Please select the extended care program you will be needing.
Students Enrolled Full Time at Trinitas Academy DO NOT pay extended care fees!