



**SAINT JOHN THE BAPTIST CATHOLIC SCHOOL  
EXTENDED CARE REGISTRATION FORM  
2025-2026 SCHOOL YEAR**



Please return to the School Office when complete. Contact the School Office with questions on your registration.

**PLEASE NOTE** - Extended Care is not available when St. John's is closed for In-Services and Holiday breaks or when the School District of Edgar closes due to inclement weather (2-Hour Delays; early releases, or full day closures.)

**PARENT INFORMATION**

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

In case of Emergency, use the following number(s) to get in contact with either Parent 1 or Parent 2:

First Call <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2		Second Call <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2		Third Call <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**AUTHORIZED DROP-OFF / PICK-UP CONTACT(S)**

Name	Phone Number(s)	Relationship to Student(s)

**STUDENT INFORMATION**

	Student Name	Student Grade	Special Notes (allergies, medications, etc.)
1			
2			
3			
4			

The mission of Saint John the Baptist Catholic School is to educate God's children and promote Catholic values through academic excellence and service to others.

## EXTENDED CARE FINANCES - Rate(s) Charged; Statements

\$ 8.00 -- Before and/or After School Care Rate

Rates are per student per visit; not hourly. Statements are done on a biweekly basis and generated from Sycamore, our student information software. Payment can be made in advance or when the statement is received.

<input type="checkbox"/> Have Sycamore email our balance to: <input type="checkbox"/> Parent 1 _____ (Email) <input type="checkbox"/> Parent 2 _____ (Email) <input type="checkbox"/> Parent 1 and 2
<b>OR</b>
<input type="checkbox"/> Send paper copy statement home with _____ (Student Name)

## ANTICIPATED ATTENDANCE AND DROP-OFF / PICK-UP TIMES

Please be as accurate as possible when completing this section. We understand schedules may change; if yours does, please contact the School Office so we can make sure staff are scheduled to fit your needs.

	BEFORE SCHOOL CARE		AFTER SCHOOL CARE	
	Anticipated Drop-Off Time	Anticipated Attendance	Anticipated Pick Up Time	Anticipated Attendance
<b>MONDAY</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other
<b>TUESDAY</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other
<b>WEDNESDAY</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other
<b>THURSDAY</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other
<b>FRIDAY</b>		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other		<input type="checkbox"/> Weekly <input type="checkbox"/> On Occasion <input type="checkbox"/> Other

Please describe any "Other" circumstances \_\_\_\_\_

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