



Extended Care Registration Form

Monsignor Slade Catholic School
124 Dorsey Road
Glen Burnie, MD 21061-3247
Phone: 410-760-2024
Fax: 410-766-7399
E-Mail: d.gielner@mssladeschool.com

\$50 Registration fee (non-refundable)
Date Paid _____ Check # _____

Date of Registration _____ Proposed Starting Date _____

Program Desired: _____ M-F Morning Care (7-7:45 a.m.)
_____ M-F Morning & Afternoon Care (until 6 p.m.)

Child's Full Name F/M/L _____ Age _____

Nickname _____ Sex _____ Birthdate _____ Present Grade _____

Registered Catholic? Y / N Parish _____

Medical Conditions: (including allergies) _____

Home Street Address _____

City & State _____ Zipcode _____

Home Telephone _____ Race _____ **W**- White **WH**-White Hispanic

Primary E-mail Address _____ **P**- Asian/Pacific Is **M**- Multiracial

Mother's Full Name _____ Maiden Name _____ **I**-Native American **B**-Black **BH**-Black-Hispanic

Place of Work _____ Work Telephone _____

Work Address _____ Cell Phone _____

Father's Full Name _____

Place of Work _____ Work Telephone _____

Work Address _____ Cell Phone _____

Guardian's Name (If Applicable) _____

Parents: Married Separated Divorced Widowed Single

Child lives with _____

Custody of Child : Joint Mother Father Grandparent Other

Names of Other Children in Family

Birthdate

School (If Applicable)

What are your expectations of the extended care program?

Is there any information we should have to help us understand and care for your child?

I understand that acceptance at MSCS for full-day pre-k 4 through grade 8 may not automatically give my child a place in the extended care program.

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Parent/Guardian Signature_____ Date_____