



## 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.gierner@mssladeschool.com](mailto:d.gierner@mssladeschool.com)

\$50 Registration fee (non-refundable)

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

Date of Registration \_\_\_\_\_ Proposed Starting Date \_\_\_\_\_

Program Desired: \_\_\_\_\_ M-F Morning Care 7-7:45am  
\_\_\_\_\_ M-F Morning & Afternoon Care (this includes care on full and half days off)

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Child's Full Name F/M/L \_\_\_\_\_ Age \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Grade \_\_\_\_\_

Family E-mail Address(es) \_\_\_\_\_

Medical Conditions: (including allergies) \_\_\_\_\_

Home Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Race \_\_\_\_\_ W- White WH-White Hispanic  
P- Asian/Pacific Is M- Multiracial  
I- Native American B-Black BH-Black-Hispanic

Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

What are your expectations of the extended care program?

Is your child currently in a before or after school program? Please explain.

Note:

- Acceptance at MSCS, pre-k 4 through the 8<sup>th</sup> grade, may not automatically give you a place in the extended care program. Enrollment in any preschool program may not guarantee admission to MSCS but does give the child priority.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

There are no refunds for registration fees, weather and emergency closings, and early withdrawals.



Extended Care  
Forms Required for Admission

\_\_\_ REGISTRATION FORM

\_\_\_ REGISTRATION FEE

\_\_\_ EMERGENCY CARD

\_\_\_ HEALTH INVENTORY (OCC1215-12/11)

\_\_\_ IMMUNIZATION RECORD(DHMH 896-2/11)

\_\_\_ BIRTH CERTIFICATE

\_\_\_ SIGNED SLIP FROM PARENT HANDBOOK

\_\_\_ CUSTODY PAPERS (IF APPLICABLE)

\_\_\_ MEDICAL ISSUES (IF APPLICABLE)

\_\_\_ PHOTO

\_\_\_ CONNECT 5 INFORMATION FORM

Questions may be referred to Mrs. Debbie Gielner, Director,  
at 410-760-2024 or [d.gielner@mssladeschool.com](mailto:d.gielner@mssladeschool.com) .