



**THE CANTERBURY EPISCOPAL SCHOOL**

**2010/2011 Extended Day Care Program  
(Please Print)**

Student Name (1) \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Name (2) \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Name (3) \_\_\_\_\_ Grade: \_\_\_\_\_

**AFTER-CARE ENROLLMENT**

PLAN 1 /Monthly  PLAN 1 /Annually  PLAN 2  PLAN 3

**BEFORE-CARE ENROLLMENT**

YES  NO

**Who is the primary person(s) responsible for picking up your child(ren)?**

- The names from the Emergency Contacts and Student Pickup Permission Form may be used.
- Please use the following names:

_____ Name	(Please provide 2 phone numbers)	_____ Phone 1	_____ Phone 2
	Relationship to Student: _____		TX DL# _____
_____ Name	(Please provide 2 phone numbers)	_____ Phone 1	_____ Phone 2
	Relationship to Student: _____		TX DL# _____
_____ Name	(Please provide 2 phone numbers)	_____ Phone 1	_____ Phone 2
	Relationship to Student: _____		TX DL# _____

**The School *must be notified* if someone other than the individuals listed above or on the Emergency Contacts and Student Pickup Permission Forms will be picking up your student. Your child will not be released to anyone not on your contact list without notification.**

**I understand the rates/fees (copy attached) for Extended Day Care and The Canterbury Episcopal School billing procedures.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date