



HIGHLAND CATHOLIC SCHOOL

welcoming everyone in an experience that's more than an education

Extra Innings School-Age Child Care Center Admission Form 2010-2011

Child's Name _____ Birthdate _____

Address _____ Phone _____ Grade _____

Father's Name _____ Address _____

Home Phone _____

Employed at _____ Work Phone _____

Mother's Name _____ Address _____

Home Phone _____

Employed at _____ Work Phone _____

Child resides with _____

Names and ages of Siblings

Persons who **MAY** pick up child from Extra Innings

Persons who **MAY NOT** pick up child from Extra Innings

In case of an emergency/illness, call :: Doctor

_____ (name, address, phone)

If you cannot be reached in an emergency, who can assume responsibility for your child?

_____ (name, address, phone)

Preferred hospital _____ Allergies? _____

The undersigned requests admission to the Extra Innings Child Care Center for the above child and hereby agrees to its tuition policies and procedures.

Parent's Signature

Date