

The Dufrocq School Morning Care Program
2021 – 2022
Application

Please clearly print all information.

Fees: \$5 each child, each day; two or more children \$4 each child, each day. Fees for the week must be paid on the Monday of each week. In the event the child does not attend every day, the fees will be used for the next day attended.

Child's Name _____

Grade _____ Age _____ Assigned Teacher _____

Parent/Guardian _____

Address _____

Contact Information: Cell #: _____ Home #: _____

Emergency Person/Number 1 _____

Emergency Person /Number 2 _____

Application Waiver

The undersigned approves of and encourages the participation of my child,
_____, in the Dufrocq School Morning Care Program.

Parent/Guardian Signature _____ Date _____

The undersigned expressly authorizes The Dufrocq School's Staff, in case of emergency, to obtain immediate medical attention for my child. My child may be taken to the nearest medical facility if needed.

Parent/Guardian Signature _____ Date _____

**The Dufrocq School Extended Day Program
2021 – 2022
Application**

Please clearly print all information. Please complete the enrollment application front and back for each child enrolled.

DATES:

August 16, 2021 – May 20, 2022

Monday – Friday

3:30 – 5:00 p.m.

Grades Pre-k – 5th

(225)334-7653

Fee: Each semester--\$600 one child; \$900 two children; \$200 each additional child.

August – December, 2021—1st semester; January – May, 2022 –2nd semester;

Child's Name _____

Grade _____ Age _____ Assigned Teacher _____

Parent/Guardian _____

Address _____

Contact Information: Cell #: _____ Home #: _____

Emergency Person/Number 1 _____

Emergency Person /Number 2 _____

Application Waiver

The undersigned approves of and encourages the participation of my child, _____, in the Dufrocq School Extended Day Program.

Parent/Guardian Signature _____ Date _____

The undersigned expressly authorizes The Dufrocq School's Staff, in case of emergency, to obtain immediate medical attention for my child. My child may be taken to the nearest medical facility if needed.

Parent/Guardian Signature _____ Date _____

Listed others who may pick up your child _____; _____;
_____; _____; _____;