

**Kate Shepard Elementary School**

3980 B Burma Road  
Mobile, AL 36695  
Phone (251) 221-1645  
Fax (251) 221-1646

Angela Lincecum  
Principal

Melanie Winter  
Assistant Principal

**Extended Day Registration Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Childcare Needed:

Before school  After- school  Both

I understand that by registering my child in the After-School Extended Child Care Program, I will be responsible for the payment of weekly fees Monday or Tuesday of each week. Failure to keep my account up to date will result in my child being removed from the program. Any fees owed after Tuesday will be assessed a late fee of \$5.00 per day/per child. Failure to pick up my child by 5:45 p.m. each day will result in a late fee of \$1.00 per minute/per child.

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

Please see the back for medical information