

SACRED HEART EXTENDED CARE PROGRAM

REGISTRATION FORM

Name of Child (Children) to be enrolled:

Grade Level 2012-2013

Address: _____

City: _____ Zip: _____

Phone: (H): _____

Mom's Name and Work Number: _____

Dad's Name and Work Number: _____

Emergency contact if none of the above numbers are answered:

Name: _____ Phone: _____

Please check appropriate box:

After School Program:

(Dismissal - 5:30 PM)

___ Full-Time

___ Part-Time

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Approximate time of pickup _____

By Whom _____

Please check appropriate box:

Before School Program:

(Begins - 7:00 AM)

___ Full-Time

Approximate time of arrival _____

Children should report to the cafeteria.

Checks may be made payable to Sacred Heart Extended Care Program. Before and after care fees may be paid with one check. Fees are due by the first of each month. Payments should be sent to the Business Office.

PLEASE TEAR OFF AND KEEP THE FEE SCHEDULE BELOW AT HOME:

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REGISTRATION FEE: \$30/child/payable at registration

BEFORE SCHOOL FEES: 7:00-8:10

Registered Full Time: \$35/month/child for ten months

AFTER SCHOOL FEES: 3:30-5:30

Registered Full-Time: \$90/month/child for ten months

Registered Part-Time: \$5.00/per day per child

DISCOUNTS WILL BE GIVEN ONLY IF THREE OR MORE CHILDREN IN ONE FAMILY ARE ENROLLED IN THE PROGRAM.