

## St. Margaret School Extended Day Program Registration Form-2017/18

I would like to register my child/children for enrollment in the Extended Day Program.

CHILD/CHILDREN'S NAME(S)	GRADE(S)	DOB
_____	_____	_____
_____	_____	_____

**EXTENDED DAY OPTIONS:** Please choose one

- Option 1: My child will use Extended Day 1-10 hours a week. Rate: \$8.50/hr. \_\_\_\_\_
- Option 2: My child will use Extended Day 11-20 hours a week. Rate: \$7.50/hr. \_\_\_\_\_
- Option 3: Family rate (two or more children, regardless of hours used) Rate: \$13.00/hr. \_\_\_\_\_
- Option 4: We will use Extended day on an "as needed" basis. Rate: \$10.00/hr. \_\_\_\_\_

(Hours are 7:00-8:00 a.m. and 2:30-3:30 p.m., 3:30-4:30 p.m. and 4:30-5:30 p.m.)

Please be aware that if you select Option 1 or Option 2, you will be committing to at least the minimum number of hours in each category; your bill will reflect the actual number of hours used, but no less than the minimum shown for each option. Do Not Worry! If you sign up for one option and discover during the course of the year that you need to make a change, you will be allowed to do so.

Monthly electronic withdrawal for Extended Day charges will be processed on the 5<sup>th</sup> of each month beginning October 5th automatically through APS and reflect the previous months charges. I understand that fees are broken down according to the above schedule. The hourly rate is not broken down by minutes, except as noted above. A \$35.00 maintenance fee will be added to your first draw. I agree to have my child/children picked up from school no later than 5:30 PM, as no service is provided after that time. **After 5:30, a late fee of \$1.00 per minute will be incurred to be paid in cash upon arrival.** I have read the Extended Day brochure and agree to the policies of this program.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Emergency Form/Signature Release Form

Mother's Name _____	Employer _____	Phone _____
Father's Name _____	Employer _____	Phone _____
Family Address _____	Home Phone _____	
Mother's cell _____	Father's cell _____	
E-mail address _____		

Other responsible adults who may be contacted in case of emergency or who have permission to pick up my child: (Note: A driver's license or other photo I. D. will be required before your child will be released to that person the first time the person picks up.) **NO STUDENT WILL BE RELEASED TO ANY INDIVIDUAL WHOSE NAME DOES NOT APPEAR ON THIS FORM.** Parents may add or subtract names from this list at any time.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Additional names may be put on back.

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Problems (Allergies, etc.) \_\_\_\_\_

I give permission for my child to be transported to the hospital if the need arises. I understand the choice of hospital may be limited by the service of the local rescue squad.

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

Restraining order against: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Do not release my child to: \_\_\_\_\_