

2008-2009 Extended Care

Student	Grade	Daily/Occasional
1. _____		
2. _____		
3. _____		
4. _____		

Mother's Name _____	Father's Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Persons allowed to pick up your child(ren) _____

I wish to enroll my child(ren) in the St. Mary's Extended Care Program in the following weekly sessions:

Check

Please circle

_____ 6:40 to 7:45 a.m. 1 child **\$30** 2 children **\$40** 3 children **\$60**

_____ 2:45 to 6 p.m. 1 child **\$40** 2 children **\$60** 3 children **\$75**

* _____ Special weekly rate (Inquire at the School Office)

The cost for occasional use is \$4 per hour. There will be a \$20 fee the first time your child is picked up after 6 p.m. The second time your child is picked up after 6 p.m., he/she will be dropped from After School Care.

Payment is due in advance on or before Monday of each week. The above amount is due regardless of attendance unless prior arrangements have been made. Sessions may be changed by week only.

**A weekly rate will be set up on an individual basis for those who would not use Extended Care full time.*