

**St. Monica Academy
Extended-Day Program
Registration 2016 - 2017**

Morning hours: 7:00 a.m. – 8:15 a.m. After school hours: 3:00 p.m. – 6:00 p.m.

Registration Fee:

\$25.00 one child; \$50.00 per family (early registration discount before August 15, 2016)

\$50.00 one child; \$100.00 per family (after August 15, 2016)

Daily Fees: Hourly - \$5.00; half hour - \$2.50; less than ½ hour - \$2.50

Hourly - \$10.00 per child if not registered

\$1.00 per minute per child after 6:00 p.m.

Family Name _____

Child(ren) _____	Grade/Room _____
------------------	------------------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Address _____

City/State/Zip _____

Home Phone _____

Mother's Name _____ Cell _____

Work Phone _____ Home Phone _____

Father's Name _____ Cell _____

Work Phone _____ Home Phone _____

Emergency Contact Person _____

Phone No. _____ Relationship _____

Cell No. _____

Medical concerns we should be aware of
(explain) _____

Expect to use Extended Care: Daily A.M. from _____	Emergency ONLY _____
Daily P.M. untill _____	Occasional _____

Amount Paid _____ Check No. _____ Date _____

-SEE OTHER SIDE-

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO
Mrs. Gina Gamboa or Mrs. Dawn Mitchell**

Individuals authorized to pick up students from Extended Care

Name

Contact Info

Parent/Guardian Agreement

I have read the handbook for the Extended Day Program of St. Monica Academy I have discussed the pertinent sections with my child(ren). I agree to support the provisions/regulations contained in this handbook.

Signature _____

Date _____

Medical/Accident Insurance (Please sign and declare this statement).

I hereby declare that our family insurance will protect my child(ren) in case of a medical/accident/emergency.

Signature _____

Date _____

Please return before the first day of school