

**St. Monica Academy  
Extended-Day Program  
Registration 2017 - 2018**

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 12, 2017)

\$50.00 one child; \$100.00 per family (after August 12, 2017)

Daily Fees: Hourly - \$6.00; half hour - \$3.00; less than ½ hour - \$3.00

Hourly - \$12.00 per child if not registered

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

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Family Name \_\_\_\_\_

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

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**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**