

**St. Monica Academy
Extended-Day Program
Registration 2018 - 2019**

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 11, 2018)

\$50.00 one child; \$100.00 per family (after August 11, 2018)

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.

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. until _____ Occasional _____

The Extended Daycare registration fee will be charged on your FACTS account under "Incidental Expenses." You must set up Auto Pay in both the Monthly Payment Plan and Incidental Expense accounts if you want all of your charges to pay automatically. If you do not schedule Auto pay on your incidental account, you will need to make a manual payment for this charge as well as all of your monthly extended care charges.

-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