



Extended Day Program Registration 2019-2020

Family last name _____

Child's first name _____ Grade _____

Second Child _____ Grade _____

Third Child _____ Grade _____

Address _____

City _____ State _____ Zip _____

Home Tel# _____ E-mail (for billing purposes) _____

Mom's Cell# _____ Work# _____

Dad's Cell# _____ Work# _____

Persons authorized to pick up child/ren:

1. Name _____ Phone# _____

2. Name _____ Phone# _____

PLEASE INDICATE ANY PERSON OR PERSONS WHO ARE NOT ALLOWED TO PICK UP CHILD/REN _____

ALLERGIES OR MEDICAL CONDITIONS (PLEASE BE SPECIFIC)

Check one: _____ New Registration _____ Re-registration

For office use only:

ASP Registration Fee Paid \$ _____

Date: _____

TERMS AND CONDITIONS

St. Joseph School and the staff of the Extended Day Program (E.D.P.) are looking forward to this new school year. Please fill out the attached registration form and return it with your payment **before** your child starts the program.

The E.D.P. is available daily from 2:15pm ~ 6:00pm, (children must be picked up by 6:00pm promptly).

Please send with your child:

1. healthy snack(s)
2. a refillable water bottle, (juice is discouraged and soda is not allowed)
3. sneakers

The E.D.P. is available on half days starting at 11:30 am ~ 6:00pm, (children must be picked up by 6:00pm promptly).

Please send with your child:

1. lunch from home
2. healthy afternoon snack
3. a refillable water bottle, (juice is discouraged and soda is not allowed)
4. sneakers

Rates:

1. There is a \$25.00 non-refundable yearly registration fee for each family. Please return the fee with the registration form to allow your children to participate in the program.
2. \$9.00 hourly rate
3. \$10.00 hourly rate for Emergency care for students who are not registered.
4. \$25.00 late fee for students picked up after 6:00 pm.
Billing cycle runs from Monday ~ Friday. Bills will be e-mailed, and payment is expected no later than the Friday of the same week. Late payment will result in a \$10.00 charge per billing cycle.
5. Please make your checks payable to St. Joseph School.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE REQUIREMENTS AND AGREES TO PAY THE CHARGES DESCRIBED ABOVE FOR THE 2019-2020 E.D.P.

Signature: _____ Date _____