



St. Vincent Ferrer
SCHOOL

EXTENDED CARE PROGRAM
REGISTRATION FORM

Student Name: _____ Birth Date: _____ Grade: _____

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Student Name: _____ Birth Date: _____ Grade: _____

Family Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Cell Phone: _____

E-mail Address: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

E-mail Address: _____ Work Phone: _____

Non Registered Rates:

Before School Care- \$12 per day

After School Care with pick up before 4:30pm - \$ 15 per day

After School Care with pick up after 4:30pm - \$30 per day

Registered Rates:

Once a year registration fee per family \$50

Before School Care Monday – Friday 6:50 a.m. – 7:50 a.m. – Weekly Rate: \$24 / Daily Rate: \$6

After School Care Monday – Friday 3:00 p.m. – 4:30 p.m. – Weekly Rate: \$30 / Daily Rate: \$7

Monday – Friday 3:00 p.m. – 6:00 p.m. – Weekly Rate: \$60 / Daily Rate: \$15

****In the event that a child is pick-up after 6:00 p.m., you will be charged \$1.00 per each minute late.**

Please indicate below which days and times your child will attend the Extended Care Program (circle your choices).

6:50 a.m. – 7:50 a.m.	Monday	Tuesday	Wednesday	Thursday	Friday
3:00 p.m. – 4:30 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday
3:00 p.m. – 6:00 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday

Please list the names of the adults who will assume responsibility for the child if a parent/guardian cannot be reached, or is unable to pick up your child from the Extended Care Program. Please remember to choose someone close in proximity in case you are delayed or caught in traffic, etc.

Name	Phone	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please list any special health conditions your child has (including allergies). Please remember that if you are called in the event your child becomes ill while at the Extended Care Program, you must pick him/her up immediately.

Extended Care Program will play a movie from time to time. The ratings will range from G or PG. If you would not like your student to be allowed to view movies please indicate below.

Parent/Guardian Signature: _____ Date: _____

Please include your registration fee of \$50.00 with this form.

Make check payable to St. Vincent Ferrer School.

Check # _____