



**St. Raphael Catholic School
Registration and Emergency Form
Extended Day Program**

*Please print

Last Name: _____

First: _____

Birth date: _____ Grade: _____

Last Name: _____

First: _____

Birth date: _____ Grade: _____

Last Name: _____ First: _____

Birth date: _____ Grade: _____

Home/Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Cell Phone #: _____

E-mail: _____

EMERGENCY INFORMATION:

(Please fill out carefully with all pertinent information.)

Mother's Name: _____

Business Name: _____ Location: _____

Business Phone: _____ ext. # _____

Add'l. Phone #'s: (cell phone) _____

Father's Name: _____

Business Name: _____ Location: _____

Business Phone: _____ ext. # _____

Add'l. Phone #'s: (cell phone, beeper) _____

Who has custody of child? _____

Emergency Contacts: (must be local & must list at least 2)

1. Name: _____ Relationship: _____

Phone #: _____ Add'l. #: _____

2. Name: _____ Relationship: _____

Phone #: _____ Add'l. #: _____

I authorize these additional people to remove my child from the program:

The following persons MAY NOT remove my child from the program:

Special Instructions/Allergies/Medications:

In the event of an emergency, I understand that my child will be taken to the nearest hospital.

Doctor: _____ Doctor's Phone: _____

Hospital Preference: _____

Special Instructions: _____

REGISTRATION FEES AND PAYMENT AGREEMENT:

Child(ren) will be attending the Extended Day Program: **Full Time OR Drop In***

Time of pick up will be at approximately _____ p.m. each school day.

Date child(ren) will begin attendance on: _____

Extended Day Program Fees:

Registration: Due at time of enrollment and nonrefundable - \$40.00 per family

Weekly Fees: **FULL TIME**

\$35.00 weekly per child – picked up by 4:00

\$40.00 weekly per child – picked up by 5:00

\$45.00 weekly per child – picked up by 6:00

PART TIME

\$10.00 per day per child

\$15.00 per half day per child (early dismissal days)

\$1.00 per minute late fee will be charged per child for any child left past 6:00 p.m. payable at the time of arrival to the staff member remaining with your child.

Program Agreement:

I understand that attendance fees are the sole support of this program and agree to make payments based on the above fees. All Extended Day Program attendance fees are due on a weekly basis and must be kept current.

***Drop in fees are due on the day of attendance or by the next school day.**

Non-payment of fees may affect continuation and/or future registration in the program.

Checks are to be made payable to: St. Raphael's (not Extended Day)

Parent Signature: _____ Date: _____