

**St. Joseph Catholic School  
Extended Care Registration Form  
2010-2011**

**Each child must be registered for specific days to attend. Extended Care is NOT a drop in service.**

To register for Extended Care please complete this form and return it to the School Office along with the \$40.00 registration fee as soon as possible. Due to Washington State restrictions, we have a limited number of spaces available. For the children's safety we need to ensure that we have the staff necessary for an adult to child ratio, of 1:15. Positions will be filled on a first come first serve basis. Due to staff scheduling we will not be able to offer a drop in service.

Cost for Care:           \$40.00 non refundable registration fee per family (*due with this form*)  
                                   \$5.00 per day per child if dropped off before 7:30 AM  
                                   \$4.00 per day per child if dropped off after 7:30 AM  
                                   \$8.50 per day for PM care  
                                   There is a \$1.00 per minute charge for pick up after 6 p.m. (After 3 late pickup charges, families will be charged \$5 per minute.)

Hours:                   7:00 – 8:15 a.m. M-T-TH-F  
                                   7:00 – 7:45 a.m. Wed.  
                                   3:00 – 6:00 p.m. M-T-TH-F  
                                   2:10 – 6:00 p.m. Wed.  
                                   On half days, Extended Care will be open when school is dismissed until 6:00 p.m.; a cold sack lunch is required for these days.

Please indicate below which days you wish to enroll your child(ren) in the Extended Care program.

Child's Name	Grade

BEFORE SCHOOL		7:00	7:30	AFTER SCHOOL		Y/N
Monday	7:00 – 8:15			Monday	3:00 – 6:00	
Tuesday	7:00 – 8:15			Tuesday	3:00 – 6:00	
Wednesday	7:00 – 7:45			Wednesday	2:10 – 6:00	
Thursday	7:00 – 8:15			Thursday	3:00 – 6:00	
Friday	7:00 – 8:15			Friday	3:00 – 6:00	

**After School Activities**

We will ensure that students are able to attend on-site after school activities. If the class/practice is scheduled to go until or after 6:00 pm please pick up your student at the activity location. Please send a signed note to Extended Care as to what activity, day, time, and location they will be participating in and who will pick them up afterwards, please note if you need an Extended Care Staff person to pick your child up.

## Registration for 2010-2011 Extended Care

Effective Date: \_\_\_\_\_

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Mother/Guardian (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ E-Mail (Invoices, Statements and all correspondence will be sent by this method) \_\_\_\_\_

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Mother's Work Phone # \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

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Father/Guardian (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ E-Mail (Invoices, Statements and all correspondence will be sent by this method) \_\_\_\_\_

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Father's Work Phone # \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

I agree to the guidelines of the St. Joseph Extended Care program as outlined above and in the Parent/Student Handbook.

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Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Invoices are sent out the beginning of the month and payment is due no later than the 10<sup>th</sup> of the month\*. You will be billed for the days you register, regardless if the student attends or not. Extended Care will not be offered on non-school days, you will not be charged for these days. Please refer to the Parent/Student handbook for payment guidelines.

\*There will be a \$25 late fee for any invoice not paid by the 15<sup>th</sup> of the month

Please tell me about your child(ren):

My student(s) is new to St. Joseph this school year? \_\_\_\_\_yes \_\_\_\_\_no

My student(s) is new to Extended Care? \_\_\_\_\_yes \_\_\_\_\_no

1<sup>st</sup> Child

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

2<sup>nd</sup> Child

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

3<sup>rd</sup> Child

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

Name of Primary person who will regularly pick up child(ren): \_\_\_\_\_

Approximate time of pick up? \_\_\_\_\_

Other people who are authorized to pick up your child(ren): (please list all that apply)

Name	Relationship	Phone Number
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_