

*St. Rose of Lima School*

2017-2018

EXTRA CARE PROGRAM REGISTRATION FORM



**\$30.00 FAMILY REGISTRATION FEE DUE WITH THIS FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

In case of emergency,  
Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**DESIGNATED PICK-UP PERSON. Include all information requested, and notify every person that they are listed and that they *must show ID*. Be sure the person is of legal age.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

SPECIAL COMMENTS: \_\_\_\_\_

Allergies: \_\_\_\_\_

Handicaps or limitations: \_\_\_\_\_

Are there custody issues that we should be aware of? YES NO

In the event of illness or injury, we will attempt to reach a parent. If we fail in doing so, we will call the contacts in the order listed. In the event of serious illness or injury, and a parent cannot be reached, we will contact the local ambulance and transport the child to the nearest hospital.

If your child will be using the program on a regular basis please fill in their schedule, if it will change from week to week check the box under the schedules.

<b>Morning 7:00am – 7:55am</b>	
Monday:	_____
Tuesday:	_____
Wednesday:	_____
Thursday:	_____
Friday:	_____

<b>Afternoon 2:30pm – 6:00pm</b>	
Monday:	_____
Tuesday:	_____
Wednesday:	_____
Thursday:	_____
Friday:	_____
<b>Scheduled Early Dismissal Yes No</b>	

If your child/children will not have a set schedule, please check here.

When you need to make changes to your child/childrens' schedule, please call in your changes to (856) 546-6166 by 2pm or you will be charged for the day.

**2017-2018 AFTER SCHOOL CARE**

Number of Children	Until 4:30	After 4:30	Extended Care -1/2 Days
One Child	\$12.00	\$15.00	+\$9.00
Two Children	\$18.00	\$20.00	+\$9.00 per child
Three Children	\$20.00	\$22.00	+\$9.00 per child

Lateness – Pick-up after the closing time of 6:00 pm will result of a charge of \$1.00 per minute.

**BEFORE SCHOOL CARE**

**\$8.00 Per Day Per Child – 7:00 – 7:55 am**

**EMERGENCY USE NON-REGISTERED STUDENTS**

**\$25.00 Per Day Per Child –2:30 – 6:00 pm**

The "Extra Care" program will begin it's before and after school care on Thursday, September 7, 2017. If you are planning to utilize the program, please return the registration form and fee to St. Rose School by **September 5, 2017**. Please place Registration Form and payment in envelope labeled "Extra Care Program. ATTN: Ms. Crowell. Any family with an unpaid balance will be unable to use the program until the balance is addressed.