

**St. Raphael Catholic School
Extended Day Program
Registration and Emergency Form
(Please Print)**

Last Name: _____ First _____
Birthdate: _____ Grade: _____

Last Name: _____ First _____
Birthdate: _____ Grade: _____

Last Name: _____ First _____
Birthdate: _____ Grade: _____

Home/Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Telephone #: _____
Cell Number#: _____

E-mail: _____

EMERGENCY INFORMATION:

(Please fill out carefully with all pertinent information.)

Mother's Name: _____
Business Name: _____
Business Location: _____ City: _____
Business Phone: _____ ext. # _____

Father's Name: _____
Business Name: _____
Business Location: _____ City: _____
Business Phone: _____ ext. # _____

Who has custody of child? _____

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

1. Name: _____ Relationship: _____
Phone #: _____ Add'I #: _____

2. Name: _____ Relationship: _____
Phone #: _____ Add'I #: _____

I authorize the following 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 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 Extended Day: Full Time ____ Drop In ____
Time of pick up will be at approximately _____ p.m. each school day.
Date child(ren) will begin attendance: _____

EXTENDED DAY PROGRAM FEES:

Registration Fee: (Due at time of enrollment and nonrefundable.)
\$40.00 per child or family

WEEKLY FEES

Full time:

\$45.00 weekly per child – picked up by 4:30 p.m.

\$50.00 weekly per child - picked up by 6:00 p.m.

Part time: (Drop In = 1-3 days per week or occasional)

\$12.00 per day per child

\$18.00 per day per child - Early Dismissal Days

\$1.00 per minute late fee will be charged for any child left past 6:00 p.m.

PROGRAM AGREEMENT:

- I understand that attendance fees are the sole support of this program and agree to make payments on the above fees. All Extended Day Program attendance fees are due on a weekly basis and must be kept current. Payments are the parent/guardian's responsibility and are to be made for the days/weeks attended.
- Payments to the Extended Day program should be made separately and not included with other payments to the school or church. Online payments are available through the Text to Give program. (more information available on request)
- Invoices will not be sent unless payment is overdue at which time payment must be made immediately. Statements of account will be sent upon request.
- 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.*
- *All fees must be current by the end of the school year.*
- Payments are to be made payable to: St. Raphael Catholic School (not Extended Day)

Signature: _____ Date: _____