



SACRED HEART OF JESUS SCHOOL

2016-2017 EXTENDED CARE REGISTRATION FORM

Name of Child/Children to be enrolled _____

2016-2017 Grade Level _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Mom's Name/Work Phone/Cell Phone: _____

Dad's Name/Work Phone/Cell Phone: _____

Emergency Contact (If numbers listed above are not answered)

Name: _____ Phone: _____

Before-School Program

_____ Full-time
 7:00—7:25 a.m.

_____ Approximate time of morning arrival

Students enrolled in the Before-School Program should report to the cafeteria.

After-School Program

Please check appropriate box

_____ Tier I (Full-time)
 2:45—3:50 p.m.

_____ Tier II (Full-time)
 2:45—5:30 p.m.

_____ Part-time (maximum of 5 days per calendar month)
 2:45—5:30 p.m.

Person usually picking up student(s):

Parents, please retain this information for your files.

Before-School and After-School fees may be paid with one check. Please make checks payable to Sacred Heart Extended Care Program and return payment to school office in an envelope labeled "Extended Care." Fees are due by the first of each month. A 25% discount will be given to parents who have three or more children enrolled in the program, beginning with the third child.

REGISTRATION FEE: \$30

BEFORE-SCHOOL FEES: FULL-TIME \$35 per month/per child for ten months (7:00—7:25 a.m.)

AFTER-SCHOOL FEES: TIER I \$45 per month/per child for ten months (2:45—3:50 p.m.)

TIER II \$120 per month/per child for ten months (2:45—5:30 p.m.)

PART-TIME \$10 per day/per child (maximum of 5 days per calendar month) *(After 5 part-time days for the calendar month, parents are automatically invoiced a full-time Tier II fee for the month)*