



St. Joseph the Worker School

17/18 Registration Extended Care Program

Child's Name (Last, First, Middle): _____ Male Female

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Please indicate the program areas you are interested in (check all that apply):

- Before Care** (7:00am - 8:00am)
 Extended Care (8:00am - 3:00pm)
 After Care (3:00 pm - 6:00pm)

Registration fee per child is as follows:

All Services - 7:00 AM - 6:00 pm (Before Care, Extended Care, and After Care)	\$60.00
Before Care and After Care Only (Grades K-8) - 7:00 AM - 8:00 AM, 3:00 PM- 6:00 PM	\$25.00
Extended Care Only (ECE Students) - 8:00am - 3:00pm	\$50.00

The rate is \$5.75 per hour, billed in quarter hours, with a maximum of \$48 per day

Prices are subject to change

Parent/Guardian Signature* _____

***By registering my child I agree to abide by all the rules and regulations contained in the most current version of the Early Childhood and School Handbooks.**

Allergies we should be aware of: _____

Mother's Name (incl. maiden name): _____

Father's Name: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Emergency Phone Numbers (Other than Parent/Guardian): Please list in order of who to call first.

1. Name: _____ Number: _____ Relationship: _____

2. Name: _____ Number: _____ Relationship: _____

3. Name: _____ Number: _____ Relationship: _____