

**Community of Saints Regional Catholic School**  
**K-5 Extended Day Registration Form**  
**School Year**



*A \$60.00 non-refundable fee must accompany this registration.*

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Contract Information:**

**Start Date:** \_\_\_\_\_

Please indicate the schedule of care your child will need on a weekly basis. This will be considered your contracted hours and you will be billed accordingly. You will be charged monthly based on this registration form regardless of sick days and absences.

(Please indicate days and times that your child will be at extended day by placing an 'X' in the corresponding box.)

<i>Day</i>	<i>Morning (6:30-8:30)</i>	<i>School Day (8:30-3:00)</i>	<i>Afternoon (3:00-6:00)</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			





## EMERGENCY INFORMATION

Student \_\_\_\_\_  
*Last Name First M.I.*

Birthdate \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

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

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Clinic & Address \_\_\_\_\_

Health Concern(s) \_\_\_\_\_

Allergies    Asthma    Diabetes    Seizures

*Please list any allergies or medications.*

*Please circle all that apply.*

**Please list people below who are authorized to pick up your child if you can't be reached.**

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<i>Print Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship to Child</i>
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<i>Print Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship to Child</i>
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<i>Print Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship to Child</i>
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## Community of Saints Extended Day Tuition Rates

Morning Hours: 6:30 a.m. – 8:30 a.m.

Afternoon Hours: 3:00 p.m. – 6:00 p.m.

School Day Hours: 8:30 a.m. - 3:00 p.m.

Non-School Day Hours: 6:30 a.m. – 6:00 p.m.

### **Mornings**

6:30-8:30

*\$8.00/morning*

### **Afternoons**

3:00-6:00

*\$12.00/afternoon*

### **Full Day Extended Day Package**

Morning + Afternoon only

*\$15.00/day*

### **School Day Extended Care Only**

8:30-3:00

*\$20.00/day*

### **Full School Day Package**

Morning + school day + afternoon

*\$30.00/day*

### **Other**

Non-School Days

*\$30.00 (\$40.00 if late sign up)*