



**St. Paul's Extended Day Program Registration
Kindergarten through Eighth Grade**

Child's Name:

Grade:

1. _____
2. _____
3. _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Please indicate on the selected lines each day and time in which you anticipate your child will be attending backpack (example: Monday 7:15-8:00).

BEFORE SCHOOL

AFTER SCHOOL

Monday _____

Monday _____

Tuesday _____

Tuesday _____

Wednesday _____

Wednesday _____

Thursday _____

Thursday _____

Friday _____

Friday _____

Please indicate which fee schedule you wish to enroll in:

PK3 \$500.00 per month (flat rate) _____ PK3 \$6.00 per hour rate _____

PK4 – 8th Grade per month \$320.00 _____

PK4 – 8th Grade \$6.00 per hour rate _____

There is no extra charge on half days of school for those enrolled in the flat rate program. No credit will be given for missed days.

Backpack Fees are due every 15th of the month. Any payments received after 7 days of the due date will be assessed a \$15.00 late fee unless prior arrangements have been made with the finance office. Failure to pay will result in the child's suspension from the program until the payments have been made and the account is current.

Parent/Guardian Signature: _____ **Date** _____