

## St. Paul's Extended Day Program Registration Preschool

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Please indicate which fee schedule you wish to enroll in:*

3 yr. old preschool	Flat Rate	\$350 per month _____
	Hourly	\$3.35 per hour _____
4 yr. old preschool	Flat Rate	\$350 per month _____
	Hourly	\$3.35 per hour _____

**Snack Fee**    \$80 per child per year \_\_\_\_\_    \$0.50 per child daily \_\_\_\_\_

Please indicate on the selected lines each day and the time in which you anticipate your child will be attending backpack. (Example: Mon. 8-12:00)

**BEFORE SCHOOL**

**AFTER SCHOOL**

Monday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Friday \_\_\_\_\_

*Please note there will be no credits given for missed days!!*

Statements will be sent out by the 5<sup>th</sup> of each month. A late fee of \$10.00 will be assessed for the payments not received by the 25<sup>th</sup> 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** \_\_\_\_\_