

## EXTENDED TIME PROGRAM 2009/2010 REGISTRATION FORM

Program Description: Extended time is an after school program offered to St. Thomas the Apostle K-8 students. It provides adult supervision with snacks, homework time and a variety of both indoor and outdoor activities. **Please note: There will be No Extended Time offered on early dismissal days or on days when school is closed.**

Monthly Tuition Rate for 4:15/6:15 pick-up

	1 Child	2 Children	3 Children
2 days/wk	\$80.00/\$115	\$105/\$160	\$130/\$210
3 days/wk	\$95.00/\$145	\$135/\$215	\$170/\$250
4 days/wk	\$115/\$175	\$165/\$260	\$210/\$345
5 days/wk	\$130/\$200	\$185/\$320	\$240/\$420

- Tuition: Bills will be generated a month in advance on the 10th of every month with payment due on the 20th of that month (example October tuition is due September 20).
- Full monthly tuition is expected September through May, there will be no charge in August or June.
- **\$10.00 late fee** will be charged for every 15 minutes beyond scheduled pickup.
- Extra days, when needed, can be added for a \$10.00/\$20.00 fee, per day, per child,

Child's First Name	Last Name	Grade	Teacher
1. _____			
2. _____			
3. _____			

E. T. days and times of attendance:

- Please check days of attendance and specify pick-up times 4:15/6:15,
- Please note that pick-up time and days must remain the same (for example you cannot pick up at 4:15 on Monday and 6:15 on Friday). **Please fill in pick-up times on days of attendance.**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Total Monthly Tuition \$ \_\_\_\_\_

Parent/Guardian Printed Names \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please note first month's tuition must accompany this completed registration form and be dropped off at the St. Thomas school office by August 10, 2009. Please note that there is limited space available. Space will be filled on a first come first serve basis.**

**EXTENDED TIME PROGRAM  
EMERGENCY/AUTHORIZATION PICK-UP FORM**

Family Name \_\_\_\_\_ Complete Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Persons to be contacted in case of Emergency

Name	Relationship	Phone #	Cell #

Child/Children's Physician and Phone # \_\_\_\_\_

Child/Children's Dentist and Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Name of Child(s) Attending	Food Allergies

Please describe any other allergies or conditions:

**PERSON AUTHORIZED FOR PICK-UP:**

Printed Name	Relationship	Phone #	Cell #

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_