

HOLY SPIRIT SCHOOL

MORNING CARE and EXTENDED DAY REGISTRATION

2018-19 School Year

To enroll your child in Extended Day, please complete and return this form with a non-refundable \$25.00 per child registration fee. Unpaid fees will be automatically billed through SMART Tuition.

FULL NAME OF CHILD	GRADE
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

PARENT/GUARDIAN INFORMATION

Father's Name:	Home Phone:
Home Address:	Cell Phone:
	Work Phone:

Mother's Name:	Home Phone:
Home Address:	Cell Phone:
	Work Phone:

The emergency contact information supplied with your school registration will be used for Extended Day morning and afternoon care. Please contact the Office if any of this information needs to be updated. Thank you.

Morning program opens at 7 a.m. and closes at 7:40 a.m. when students go outside for supervised arrival.

Afternoon program opens when school is dismissed at 3:15 p.m. and closes at 6 p.m.

Rates are charged the full hourly rate or any portion of an hour used.

- One child rate \$6.75 per hour or fraction of hour
- Second child rate \$5.50 per hour or fraction of hour
- Third child rate \$4.50 per hour or fraction of hour
- Fourth child rate \$3.50 per hour or fraction of hour

LATE PICK-UP will be charged at a fee of \$1.00 per child, per minute after 6 p.m. If a family is late in excess of three times, the family will be asked to make other arrangements for their children.

FOR OFFICE USE ONLY

Registration Fee rec'd on _____

Total Payment \$ _____

Type of Payment (circle one)

CASH CHECK # _____

Bill registration thru SMART? Y / N

An Equal Payment Program is offered as an option. See fees on next page for details.

EXPECTED ATTENDANCE

FAMILY NAME _____

MORNING

_____ Every day Monday-Friday

Regularly on _____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

First Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

AFTERNOON

_____ Every day Monday-Friday Approximate pick-up time _____

Regularly on _____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ My children will only occasionally use Extended Day and I will notify in advance.

_____ My children will only use Extended Day in Emergency situations.

FEE AGREEMENT

I agree to the following payment arrangements:

Monthly Billing (billed for hours used over the course of one month)

Equal Payment Program (monthly payments over 9 months)

_____ **Afternoon Only**

_____ One child (\$345)

_____ Two children (\$553)

_____ Three children (\$761)

_____ Four children (\$865)

_____ **Morning Only**

_____ One child (\$120)

_____ Two children (\$208)

_____ Three children (\$288)

_____ Four children (\$328)

_____ **Morning & Afternoon**

_____ One child (\$464)

_____ Two children (\$760)

_____ Three children (\$1,048)

_____ Four children (\$1,192)

Signature _____

Date _____