



**EXTENDED CARE PROGRAM
REGISTRATION FORM for 2024-2025**



Family Name _____ **Family #** _____

Address _____ Zip _____

Name of Child _____ Grade _____

Name of Child _____ Grade _____

Name of Child _____ Grade _____

Father _____ Business Phone _____

Cell Phone _____ Emergency# _____

Mother _____ Business Phone _____

Cell Phone _____ Emergency# _____

Parent(s) or Guardian(s) with whom the child resides: _____

Contact/Billing Email: _____

List any chronic health conditions (allergies, asthma, etc.). _____

In addition to parents, authorized pick-up persons (must present ID):

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

EXTENDED CARE PROGRAM FEE SCHEDULE

Yearly Registration Fee: \$75 per child

After School Rates for registered students: \$10.00 per hour per child.

Morning Care for registered students: \$10.00 per day

Drop-in Status: Unregistered drop-ins would be \$15.00 per hour per child on the first event.

The registration fee will need to be paid after the second drop-in.

St. Viator Parish School reserves the right to amend the Extended Care Handbook for just cause. Parents will be promptly notified in writing if changes are made. We have read and agree to be governed by this handbook.

Parent/Guardian Signature: _____ Date: _____