

St. Cecilia
Extended Care Program
REGISTRATION 2008-2009

Dear Parents,

If you are interested in enrolling your child(ren) in the St. Cecilia Extended Care Program, please fill out both the FRONT AND BACK of this form. To reserve a place for your child return the completed form, along with a \$40.00 NON-REFUNDABLE REGISTRATION FEE PER CHILD, to the school office by FRIDAY, MAY 16th. To receive your Extended Care handbook, please check in with a staff member on the August 21st Registration Day. If you have any questions, please call (731-6406). Thank you!

Sincerely,

Melanie Manning
Extended Care Program Director

TUITION-The yearly tuition fee for Extended Care is **pre-calculated** according to the number of days and/or sessions that you register your child(ren). For your convenience, the full amount that you are responsible for will be divided into **9 monthly payments**.

Any child that joins the program after the 1st month of school will be charged the remainder of the annual fee. Request for changes in enrollment during the school year will or will not be made based on the present enrollment. Families will be responsible to pay the full pro-rated monthly fee.

There are not any reimbursements for absences or early dismissals.

Child's name _____ Grade _____ Room # _____
Child's name _____ Grade _____ Room # _____
Child's name _____ Grade _____ Room # _____

Please put a check by the number of days and/or sessions you would like your child(ren) to attend Extended Care. There are three different sessions, so please be sure to mark the correct session. Children must be signed up for specific days. A form will be distributed on Registration Day to confirm those requested days and sessions.

SESSION A (8:10-11:25)

K P.M. only

_____ 5 days a week
_____ 4 days a week
_____ 3 days a week
_____ 2 days a week
_____ 1 day a week

SESSION B (11:45-3:00)

K A.M. only

_____ 5 days a week
_____ 4 days a week
_____ 3 days a week
_____ 2 days a week
_____ 1 day a week

SESSION C (3:00-6:00)

GRADES K-8

_____ 5 days a week
_____ 4 days a week
_____ 3 days a week
_____ 2 days a week
_____ 1 day a week

TUITION

ONE SESSION

5 days = \$2430 per year/\$270 per month
4 days = \$2250 per year/\$250 per month
3 days = \$1800 per year/\$200 per month
2 days = \$1575 per year/\$175 per month
1 day = \$1305 per year/\$145 per month

TWO SESSIONS

5 days = \$3600 per year/\$400 per month
4 days = \$3300 per year/\$370 per month
3 days = \$2700 per year/\$300 per month
2 days = \$2430 per year/\$270 per month
1 day = \$1980 per year/\$220 per month

***There is a 20% discount for siblings**

PARENT INFORMATION

• **FATHER'S NAME** _____

Home Address _____

Employment Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

• **MOTHER'S NAME** _____

Home Address _____

Employment Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

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Please check whatever best describes the child(ren's) living conditions...

PHYSICAL CUSTODY

Child(ren) live(s) with:

- | | |
|---|-----------------------------|
| _____ Both parents, same address | _____ Mother and Stepfather |
| _____ Both parents, different addresses | _____ Father and Stepmother |
| _____ Mother (single parent) | _____ Guardians |
| _____ Father (single parent) | |

LEGAL CUSTODY

Legal custody of child(ren)

- | | |
|---|-----------------------------|
| _____ Both parents, same address | _____ Mother and Stepfather |
| _____ Both parents, different addresses | _____ Father and Stepmother |
| _____ Mother (single parent) | _____ Guardians |
| _____ Father (single parent) | |

Any special circumstances regarding custody must be officially filed in the school office.

SPECIAL CIRCUMSTANCES

Are there any special circumstances that the Director should be aware of?
