

**St. Francis Extended Care
Registration Form 2016-2017**

Family Name _____

Address _____

Phone _____

Child's Name _____ Grade _____

Contract Schedule (Please check and fill in appropriate lines below)

To receive the contract rate, a contract and prepayment for the month must be received prior to the start of each month.

___ 6:45 - 8:00 a.m. (Before school for grades K - 8)

Days per week _____

___ 2:45 - 6:00 p.m. (After school for grades K-8)

Days per week _____

___ 12:30 - 6:00 p.m. (Minimum days)

Drop in Only (Please check time slots needed)

Please call the Extended Care Program to arrange for drop-in attendance.

___ 6:45 - 8:00 a.m.

___ 2:45 - 6:00 p.m.

___ 12:30 - 6:00 p.m. (Minimum days)

Registration/Art/Activity Fee \$40.00 per family

Please make check payable to St. Francis School and submit with form by June 2, 2016.

For office use only

Ck _____

Cash _____

Date _____

