



ST. LOUIS SCHOOL 2018-2019 EXTENDED CARE REGISTRATION FORM

Extended care is available to all students enrolled in preschool through grade 5. To register, complete the form below and return it to the school office along with a \$50.00 non-refundable check payable to St. Louis School.

PARENT/GUARDIAN (*Please PRINT.*)

FIRST Names: _____

LAST Names: _____

Phone Numbers

Mom's Home: _____ Work: _____ Cell: _____

Dad's Home: _____ Work: _____ Cell: _____

Mom's Email Address: _____

Dad's Email Address: _____

EXTENDED CARE RATES

MORNING SESSION		AFTERNOON SESSION		MORNING AND AFTERNOON SESSIONS		OCCASSIONAL PASSES*
1 DAY	\$275.00	1 DAY	\$687.50	1 DAY	\$962.50	MORNING ONLY: \$10.00 PER DAY
2 DAYS	\$550.00	2 DAYS	\$1,375.00	2 DAYS	\$1,925.00	
3 DAYS	\$825.00	3 DAYS	\$2,062.50	3 DAYS	\$2,887.50	
4 DAYS	\$1,100.00	4 DAYS	\$2,750.00	4 DAYS	\$3,850.00	AFTERNOON ONLY: \$25.00 PER DAY
5 DAYS	\$1,375.00	5 DAYS	\$3,437.50	5 DAYS	\$4,812.50	

- Extended care must be purchased as a yearly package and is in addition to tuition amounts.
- There are no refunds for any unused extended care days.
- Your extended care payments will be added to your tuition payment through FACTS.

***Occasional Passes:**

- Occasional passes, which are administered through the school office, can be purchased by check and are limited to five passes per year per child.
- 24 hours advance notice must be given prior to attending extended to ensure availability.

STUDENT INFORMATION

Last Name	First Name	M/F	DATE OF BIRTH	ALLERGIES* (YES or NO)	MORNING (Circle Days) 7:30 – 8:30 am	AFTERNOON (Circle Days) 3:00 – 5:30 PM	MORNING & AFTERNOON (Circle Days)
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F

**Participation will need to be approved by the school nurse.*

PICK UP AUTHORIZATION

The following people are authorized to pick my child up from extended care:

Full Name: _____ Phone Number: _____

Full Name: _____ Phone Number: _____

Full Name: _____ Phone Number: _____