

**EXTENDED DAY PROGRAM – GRADES PK-8**  
**REGISTRATION 2010-2011**  
**Enrollment Limited**

A non-refundable registration fee of \$50/per student is payable with this Registration.

**COST PER CHILD**

1. Two hours per day – 3:00pm – 5:00pm ..... \$1,625.00/year
2. Three hours per day – 3:00pm – 6:00pm .....\$1,925.00/year

<b><u>STUDENT NAME</u></b>	<b><u>GRADE</u></b>	<b><u>TWO HOURS</u></b>	<b><u>THREE HOURS</u></b> (Please Check One)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Enrollment Fee: \$ \_\_\_\_\_

Payment by Year: \$ \_\_\_\_\_  
 (due on September 15)

Three Payment Option: \$ \_\_\_\_\_  
 (September 15, January 15, and April 15 as well as any late fees that apply)

Monthly: \$ \_\_\_\_\_  
 (due September 15 through April 15 as well as any late fees that apply)

**LATE FEE PAYMENT**

FOR BOTH THE TWO AND THREE HOUR PROGRAMS, THE FOLLOWING LATE FEES APPLY:

**LATE PICK UP FEE**

For every 5-minute interval after the scheduled pick-up time, there is an additional \$5 fee. Late fees are expected to be paid ON THE SAME DAY.

**LATE PAYMENT FINE**

1. If your payment has not been received within the 5 day grace period you will receive notice from the Business Office that you will be assessed \$100. Special circumstances need to be addressed with the Principal in advance.
2. If the late Extended Day payment has not been received before the first of the next month, a letter from administration will be sent outlining the process of removing your child from the Extended Day Program. In the case of extenuating circumstances, please make an appointment with the Principal to discuss your situation.

**RETURNED CHECKS – PENALTY \$25.00**

**ENROLLMENT CANCELLATION**

If you have to cancel enrollment in the Extended Day Program your financial obligation will be pro-rated for the time enrolled. Prior written notification to the Principal is required for all early withdrawals. Any withdrawal without notification will be subject to the full payment for that period. There is no reimbursement for days **not** attended due to family circumstances.

**PARENT SUPPORT**

I understand that in signing this contract I agree to abide by the policies and procedures of Annunciation Catholic School Extended Day Program and to support its Staff and Director. **I understand that the school has the right to refuse admittance to the Extended Day Program and/or withhold report cards and transcripts for any student whose financial account is delinquent.**

**ENDORSEMENTS**

I have read, understand and accept this Financial Contract and I agree to be responsible to these commitments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City & Zip Code

\_\_\_\_\_  
Date

**EMERGENCY FORM**

**All Extended Day Parents MUST COMPLETE and RETURN this form by the first day of Extended Day (Monday, September 8, 2008). No child may begin the EDP with incomplete or missing emergency information form!**

**PLEASE FILL OUT COMPLETELY!!!**

Child's Name(s): \_\_\_\_\_

Date of Birth(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Child/Children's Primary Physician: \_\_\_\_\_

Business #: \_\_\_\_\_

Specific Concerns (i.e. allergies, etc.): \_\_\_\_\_

**EMERGENCY CONCERNS: *In the event I cannot be reached for an emergency and/or early closing, the following people should be contacted:***

1. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian