

ST. BASIL EXTENDED CARE'S K-8TH GRADE PROGRAM 2011/2012 REGISTRATION FORM

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____ ZIP CODE _____

HOME PHONE _____ PARENT'S WORK PHONE _____ CELL PHONE _____

E-Mail address _____

CHILD'S NAME 1. _____ Grade _____ DATE OF BIRTH _____

2. _____ Grade _____ DATE OF BIRTH _____

3. _____ Grade _____ DATE OF BIRTH _____

FEE DESCRIPTION - PER SCHOOL YEAR CIRCLE TIMES APPLYING FOR

	<u>FULL TIME</u>	<u>3 DAYS</u>	<u>2 DAYS</u>
	\$28/mo.	<u>PER WEEK</u>	<u>PER WEEK</u>
Monday ONLY 2:00-3:00PM	\$252/yr.	-----	-----
6:30-8:00AM (includes breakfast)	\$160/mo. \$1440/yr.	\$114/mo. \$1026/yr.	\$86/mo. \$774/yr.
3:00-5:30PM Incl. Min. Days 12:00-5:30 (includes snack)	\$180/mo \$1620/yr	\$126/mo. \$1134/yr.	\$96/mo. \$864/yr.
3:00-6:30PM Incl. Min. Days 12:00-6:30 (includes snack)	\$270/mo. \$2430/yr.	\$180/mo. \$1620/yr.	\$126/mo. \$1134/yr

FIRST/SECOND GRADE PROGRAM

8:00-9:15AM or 1:45-3:00PM
INCLUDES MON. 2:00-3:00PM
\$120/mo. - \$1080/year

DROP IN W/24-HR NOTICE

\$4.50 per ½ hour
w/ a 1 hour minimum

Fees are payable in 9 monthly installments for the entire school year. The first payment is due September 2011; last payment is due May 2012. There is a 10% discount for the second and third child in each family.

ATTACHED IS MY NONREFUNDABLE REGISTRATION CHECK FOR \$60.00 per family MADE PAYABLE TO ST. BASIL'S EXTENDED CARE PROGRAM.

PARENT/GUARDIAN SIGNATURE DATE

FOR OFFICE USE ONLY

Registration Fee _____ Check # _____

Program Fee Per Year	1. _____	10% Discount _____	Fee Per Year _____	Per Month _____	5 th	20 th
	2. _____		Kinder _____		A	SA
	3. _____					