

**St. Catherine Extended Care Program**  
**2011-2012**  
**17500 Peak Ave.**  
**Morgan Hill, Ca. 95037**  
**778-5714**

Extended Care Registration Form  
 All families must be registered.  
 Registration Fee of \$25.00 per family (if using Extended Care)  
 Extended Care Hours 7:00 am-6:00 pm

Family Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Child Name : \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

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

Please check the plan you intend to use:	Monthly
_____ Kindergarten Care between the hours of 2:00 pm-3:00 pm* 4 days per week	\$70.00
_____ Kindergarten Care before and after school	\$350.00
_____ Grades 1-8 Care before and after school	\$285.00
_____ Drop-In Use Kindergarten through 8th grade per hour rate	\$6.00

\*Hours used in excess of plan will be charged \$6.00 per hour

Rates are based on 180 school days throughout the year, not the number of school days in each month. Monthly payment is figured on nine equal payments beginning September 1 continuing through May 1. Payments are due on the 10th of the month. Drop-in statements are issued by the 5th of the month with payment due on the 15th. A late fee of 10% will be added to the total amount in arrears if payment is not received by the due date.

There is a fee of \$5.00 per minute for every minute after 6:00pm. \_\_\_\_\_ **Parent Initial**