

**ST. CHARLES SCHOOL  
After / Extended School Care Program  
Registration Form**

St. Charles School offers an After / Extended School Care Program for children who attend our school. A one-time **non-refundable registration fee** is charged per family. Registration for the program is not complete without the accompanying registration fee payment. Payments should be made payable to **St. Charles School**.

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

Last First

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

Street City State Zip

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

Father Work Phone: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Mother Work Phone: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Children to be enrolled in program:

Student No.	Name	Grade (2009-2010)
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____

**Option Choices:** Please indicate chosen options **most likely** to be used. Note, for complete coverage a student may participate in more than one program option. (Ex: 4K student enrolled Extended Care 11:30-3:15 and After School Care, 3:15-6:00 p.m.) **Insert Student No. into chosen option for that child and the days of the week that they would most likely attend (M/Tu/W/Th/F) if applicable.**

- \_\_\_\_\_ After School Care (3:15-6:00)
- \_\_\_\_\_ 4K Extended School Care (11:30-1:00 PM)
- \_\_\_\_\_ 4K Extended School Care (11:30-3:15 PM)
- \_\_\_\_\_ Early Release Days (11:30-6:00PM)
- \_\_\_\_\_ Off Days (8:15-6:00PM)
- \_\_\_\_\_ Snow Day Insurance (Payment prior to First Day of School  
\$70/day/child; up to two days)

**Additional Authorization for Pick-Up (in addition to parents)**

Name	Relationship to Child(ren)
_____	_____
_____	_____
_____	_____

Emergency / Health information records which are completed for St. Charles School will also be used for this program.

**Registration fee must accompany this form:**  
 One Child **\$25.00**      Two Children **\$40.00**      Three or more Children **\$50.00**