

# STM Extended Care Registration 2017-2018

## Grades 2-8

**PLEASE ATTACH A CHECK FOR THE REGISTRATION FEE AND FIRST MONTH'S TUITION WITH THE APPLICATION. THIS CAN BE IN THE SAME CHECK.**  
**WE WILL BEGIN DRAFTING ON SEPTEMBER 10<sup>TH</sup> – MAY 10<sup>TH</sup>.**

***Please return this form with the first month's ex-care tuition and registration fee by May 1, 2017***

***Registration fee:*** \$30 per child.

***Mornings only:*** \$155 per semester. Hours are from 6:45 – 7:25 a.m. in the cafeteria. Students may purchase breakfast from the cafeteria.

***Part-time:*** \$105 per month. This option includes morning and afternoon care from 2:45-4:30 p.m. The cafeteria is our home base for check-in, pick-up, and snacks. This will be a study hall only extended care after school and we will use classrooms for study hall.

**LATE PICK-UP: \$1.00 PER MINUTE PER CHILD FOR THE FIRST 5 MINUTES (UNTIL 4:35) AND \$5.00 PER MINUTE PER CHILD AFTER THAT.**  
**NO EXCEPTIONS!**

***Fulltime:*** \$130 per month. This option includes morning and afternoon care from 2:45 – 6:00 p.m. The cafeteria is our home base for check-in, pick-up, snacks, and games. We use the library for study hall. We also have activities outside and in the Extended Care room.

**LATE PICK-UP: \$1.00 PER MINUTE PER CHILD FOR THE FIRST 5 MINUTES (UNTIL 6:05) AND \$5.00 PER MINUTE PER CHILD AFTER THAT.**  
**NO EXCEPTIONS!**

All registration forms and payments should be sent to the school's main office in an envelope marked STM Extended Care.

**Discipline Policy:** All STM Student Handbook policies apply to Extended Care.

**Administration:** Dr. Judy Armstrong, Principal  
Vicki Pitchford, Director

**STM Extended Care Registration: 2017-2018** Check # \_\_\_\_\_ Amt \_\_\_\_\_

**Registration and first month's tuition must be accompanied by a check made payable to STM.**

Family Name \_\_\_\_\_ Marital status: \_\_\_ Married \_\_\_ divorced \_\_\_ widow/widower

Student(s): \_\_\_\_\_ Grade (2017-2018) \_\_\_\_\_ Male/Female

\_\_\_\_\_ Grade (2017-2018) \_\_\_\_\_ Male/Female

\_\_\_\_\_ Grade (2017-2018) \_\_\_\_\_ Male/Female

**BILLING INFORMATION**

Responsible party: \_\_\_\_\_

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

Please note any special financial arrangements: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father cell: \_\_\_\_\_ Mother cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or medications: \_\_\_\_\_

Emergency numbers/other persons authorized to pick up your child:

**No student will be allowed to leave with anyone other than those named below unless you send written permission or call Extended Care.**

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Check the program for which you are registering:

PARTTIME (\$105/month)  FULLTIME (\$130/month)  MORNINGS ONLY (\$155/semester)

**WE DO NOT ACCEPT MONTHLY CHECKS. ALL TUITION WILL BE DRAFTED UNLESS PAID IN FULL.**

I agree to abide by the financial and discipline policies of Extended Care.

I will use the same ACH form to draft my ex-care tuition as my school account.

\_\_\_\_\_ Yes \_\_\_\_\_ No If needed, you may print an ACH form from the website

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature