

STM Extended Care Registration 2018-2019
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 10TH – MAY 10TH.**

Please return this form with the first month's ex-care tuition and registration fee by May 1, 2018

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.

Director: Vicki Pitchford -225-275-2633

STM Extended Care Registration: 2018-2019 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 (2018-2019) _____ Male/Female

_____ Grade (2018-2019) _____ Male/Female

_____ Grade (2018-2019) _____ 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 _____