



St. Thomas More
Catholic School

STM Extended Care Registration 2016-2017
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.

Registration fee: *\$30 per child.*

Mornings only: *\$150 per semester.* Hours are from 6:45 – 7.25 a.m. in the cafeteria. Students may purchase breakfast from the cafeteria.

Part-time: *\$100 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: *\$125 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
Mrs. Vicki Pitchford, Director

REGISTRATION FORM DUE : MAY 10, 2016

STM Extended Care Registration: 2016-2017

Grades 2-8

Check # _____

Amt. _____

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.

Family name: _____ Marital status: ___ married ___ divorced

Student(s): _____ Grade (2016-2017) _____ Male/Female

_____ Grade (2016-2017) _____ Male/Female

_____ Grade (2016-2017) _____ 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: _____

_____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

Check the program for which you are registering:

PARTTIME (\$100/month) FULLTIME (\$125/month) MORNINGS ONLY (\$150/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

REGISTRATION FORM DUE : MAY 10, 2016