



- EST. 1921 -

SAINT ROSE of LIMA CATHOLIC SCHOOL

PRAYER | STUDY | COMMUNITY | SERVICE

EXTRA CARE PROGRAM REGISTRATION FORM

(There is a \$35.00 FAMILY REGISTRATION FEE DUE WITH THIS FORM)

Student Name _____ Grade _____

Home Address _____

Home Phone _____ E-mail _____

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

In case of emergency,
Contact _____ Relationship _____

Home Phone # _____ Cell # _____

DESIGNATED PICK-UP PERSON. Include all information requested, and notify every person that they are listed and that they *must show ID*. Be sure the person is of legal age.

Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____

Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____

Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____

SPECIAL COMMENTS: _____

Allergies: _____

Handicaps or limitations: _____

Are there custody issues that we should be aware of? YES NO

In the event of illness or injury, we will attempt to reach a parent. If we fail in doing so, we will call the contacts in the order listed. In the event of serious illness or injury, and a parent cannot be reached, we will contact the local ambulance and transport the child to the nearest hospital.

If your child will be using the program on a regular basis, please fill in their schedule, if it will change from week to week check the box under the schedules.

If your child/children will be attending most every day, please check here.

If your child/children will not have a set schedule, please check here.

When you need to make changes to your child/childrens' schedule, please call in your changes to (856) 546-6166 by 2pm or you will be charged for the day.

2023-2024 AFTER SCHOOL CARE

Number of Children	Until 4:30	After 4:30	Extended Care -1/2 Days
One Child	\$14.00	\$18.00	+\$10.00
Two Children	\$20.00	\$22.00	+\$10.00 per child
Three Children	\$22.00	\$24.00	+\$10.00 per child

Lateness – Pick-up after the closing time of 6:00 pm will result of a charge of \$1.00 per minute.

BEFORE SCHOOL CARE

\$10.00 Per Day Per Child – 7:00 – 7:45 am

EMERGENCY USE NON-REGISTERED STUDENTS

\$30.00 Per Day Per Child –2:30 – 6:00 pm

The Extra Care program will begin it's before and after school care on **Wednesday, September 6, 2023**. If you are planning to utilize the program, please return the registration form and fee to St. Rose School by **September 6, 2023**. Please place Registration Form and payment in an envelope labeled "Extra Care Program. ATTN: Mrs. Hull."

I _____, have read all the information concerning the Extra Care Program and agree to cooperate with all rules and regulations stated.

Family Name: _____

Parent's Signature: _____

Date: _____

Please make sure that any unpaid balances from the 2022-23 school year are paid before using this year's program.