EXTRA CARE PROGRAM REGISTRATION FORM
2025-2026
(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 almost 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/children's schedule, please call in your changes to (856) 546-6166 by 2:00 pm or you will be charged for the day.

2025-2026 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 before and after school on **Wednesday, September 3, 2025.** If you are planning to utilize the program, please return the registration form and fee to St. Rose School by **September 3, 2025.** 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:_____**

All unpaid balances from the 2025-26 school year must be paid before using this year's program.