



# St. Bridget School Extended Day Program

Serving St. Bridget School students in Grades Pre-K through 8

## School Age Registration Form 20\_\_ - 20\_\_

Child's Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

Town

Zip

Telephone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Student Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father

\_\_\_\_\_ Other (please list name and relationship to child): \_\_\_\_\_

Father \_\_\_\_\_

Last

First

Middle

Father's Contact Information: Email \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_

Mother \_\_\_\_\_

Last

First

Maiden Name

Mother's Contact Information: Email \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_

Please list the individuals who may pick up your child from the Extended Day Program

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list the individuals we may contact in case of an emergency if we are unable to contact you:

Name \_\_\_\_\_ Contact Info \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Contact Info \_\_\_\_\_

Address \_\_\_\_\_

Please list any medical issues or allergies that your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Contact Info \_\_\_\_\_

## School Age Extended Day Usage

Please select your monthly usage below. Payments will be due on the [20<sup>th</sup> of the prior month](#).

USAGE	MONTHLY PRICE	CHECK ONE
AM/PM FULL TIME	\$370.00	
AM/PM PART TIME (12 DAYS)	\$265.00	
AM/PM FULL TIME (7:30 DROP OFF 4:30 PICK UP)	\$275.00	
AM ONLY (7:30) OR PM ONLY (4:30)	\$140.00	
AM ONLY	\$185.00	
PM ONLY	\$185.00	

- 10% Discount for siblings (discount applies to 2<sup>nd</sup> or more children)
- \$19.00 Drop-in rate (no sibling discount)
- \$5.00 late pick-up fee per child (15 minutes after the scheduled pick-up time)
- Change of usage must be in writing by the 15<sup>th</sup> of the prior month and submitted to the Main Office.

I agree to abide by all the rules and regulations of the St. Bridget School Extended Day Program. I understand that Extended Day fees are collected separately from my tuition payments, and I am responsible for paying the fees on a monthly basis due on the 15<sup>th</sup> of the month, starting on August 20<sup>th</sup> and ending on May 20<sup>th</sup>. I also, understand that unused time cannot be rolled over to another month; it is a use it or lose it policy.

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

8/5/2024 9:02 PM

Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_