

**ST. MONICA SCHOOL EXTENDED DAY PROGRAM  
REGISTRATION 2007-2008**

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_ **GRADE 07/08**  
 CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_ **GRADE 07/08**  
 ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 \_\_\_\_\_ zip \_\_\_\_\_ LIVES WITH \_\_\_\_\_  
 MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
 WK# \_\_\_\_\_ CELL \_\_\_\_\_ WK# \_\_\_\_\_ CELL \_\_\_\_\_  
 e-mail \_\_\_\_\_ e-mail \_\_\_\_\_  
 TIME OF WORK \_\_\_\_\_ TIME OF WORK \_\_\_\_\_  
 ADDRESS IF DIFFERENT FROM CHILD: MOM DAD \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_  
 PHYSICIAN'S ADDRESS \_\_\_\_\_  
 LIST ANY ALLEGIES OR MEDICAL CONDITIONS \_\_\_\_\_

LIST ANY MEDICATION TO BE GIVEN DURING AFTERSCHOOL HOURS \_\_\_\_\_  
 \_\_\_\_\_ (must be in original container with written instructions)

LIST TWO EMERGENCY CONTACTS (They will be called if parents cannot be reached in the event of a medical emergency or late pick-up)

NAME _____	RELATIONSHIP _____	Home# _____
		Work# _____
		Home# _____
NAME _____	RELATIONSHIP _____	Work# _____

LIST OTHER INDIVIDUALS WHO HAVE PERMISSION TO PICK-UP YOUR CHILD-Include coaches, scout leaders, siblings, tutors etc. **If someone other than those named above come to take your child and you cannot be reached, we will take authorization from someone listed in your emergency contacts. If you do not wish us to do this please sign X** \_\_\_\_\_.

NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____

Additional names may be listed on the back of the form.

I WISH TO ENROLL MY CHILD(REN) AS:                      **CHECK DAYS CHILD WILL ATTEND**

_____ FULL TIME WEEKLY	___ MON ___ TUES ___ WED ___ THURS ___ FRI
_____ FULL TIME HOURLY	___ MON ___ TUES ___ WED ___ THURS ___ FRI
_____ PART TIME MINIMUM	___ MON ___ TUES ___ WED ___ THURS ___ FRI

**(Must attend on a regular weekly basis.)**

**It is important that we know what day your child will first attend the program. Please indicate the date you wish your child to start. My child's first day will be \_\_\_\_\_.**  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Your signature indicates that you assume financial responsibility for the child's enrollment in the Extended Day Program. **Return this form and a \$25.00 family deposit to the school or the program as soon as possible.**  
 For additional information contact Mrs. Mary Ann Troczuk (214) 357-1252 or (214) 351-5688 ex. 260 during program hours or via e-mail at MTroczuk@stmonicaschool.org.

**ENROLLMENT IS THROUGH THIS PROGRAM NOT THROUGH THE SCHOOL OFFICE. SPACES FILL QUICKLY AND REGISTRATION UPON ACCEPTANCE INTO THE SCHOOL IS ADVISED. FAMILIES WILL RECEIVE A CONFIRMATION ONCE REGISTRATION IN THE EXTENDED DAY PROGRAM IS COMPLETED.**

**ST. MONICA SCHOOL EXTENDED DAY PROGRAM  
TUITION POLICIES  
2007-2008**

**PRE-KINDERGARTEN**

The pre-kindergarten tuition is \$50.00 per week and payable at the beginning of each week. Adjustments for the K-4 program do not apply.

**KINDERGARTEN THROUGH FOURTH GRADE  
PAYMENT OPTIONS**

1. Full-time weekly is a fixed rate. There is no adjustment for extra hours (early release days) or for days missed.  
There is no charge if a child misses the entire week due to illness or vacation.  
There is no charge for Christmas or Spring Break.

One child \$40.00/week      Two or more children \$70.00/week

2. Full-time hourly is a basic full-time rate, which covers 10 hours attendance.  
One child \$35.00/week      Two or more children \$60.00/week

Hourly charges of \$4.00(one), \$7.00(two or more) are added for each additional hour after 10. There is no charge for days when there is no school.

3. Part-time minimum. The minimum charge for attendance at the program is

One child \$20.00/week      Two or more children \$35.00/we

**There is no drop-in care and children must attend on a regular basis.**

When there is more than one child in the family, hours are figured on the greatest number of hours attended by any one child. If one child misses an entire week the tuition is figured on the hours of the child attending.

There are no partial hours or adjustments for late arrival due to tutoring, music lessons, scout meetings or other after school activities..

Tuition is due Monday in advance for the week. Balances will be available at the front desk if there is any question.

At the beginning of each month a copy of the activity on the account for the previous month can be found in the family files. Please notify Mrs. Trozduk of any errors or concerns.

Whenever possible, please make your payments by check or money order. We do not keep change on hand and any overpayment will be credited to your account.

