

2010/2011 St. Bernadette Catholic Academy Extended Day Registration Form

9311 S. Francisco Avenue, Evergreen Park, IL 60805 Extended Day Phone 708-857-5787 School Phone 708-422-6429

Please enroll the following child(ren) in the St. Bernadette Catholic Academy Extended Day Program for the 2010/2011 school year:

Name of Child(ren)	Grade	Parent Name: _____
1. _____	_____	Address: _____
2. _____	_____	City, State, Zip: _____
3. _____	_____	Home Phone: _____ Pager: _____
4. _____	_____	Work Phone: _____ Cell Phone: _____

IN CASE OF EMERGENCY PARENT/GUARDIAN WILL BE CONTACTED FIRST

List Name of Emergency Contacts if Parent/Guardian Cannot Be Reached

Name _____	Phone# _____	Relationship _____
Name _____	Phone# _____	Relationship _____

FEES & PAYMENT

Extended Day Hours: Mornings 6:30-8:00 am Dismissal-6:00 pm

Registration Fee: \$35.00 NON-REFUNDABLE registration/supply fee per child
 \$50.00 NON-REFUNDABLE registration/supply fee per family for 2 or more children

Preferred billing (check one):

- Hourly rate** of \$3.50 per child, per hour, billed to the quarter hour. Parent will be **billed monthly** after service is provided. Invoices will be sent on the 1st of the month. **Payment is due within 10 days of receipt of bill.**
- Monthly rate** of \$185.00 payable in advance. Nine monthly payments September through May. First payment due September 1, 2010. No exceptions and no refunds. Student can attend before and after school any time.

Payment Terms (Please initial)

_____ I understand that Extended Day Fees are the sole support of the St. Bernadette Catholic Academy Extended Day Program. No refunds or credits will be given if a child is absent due to short- term illness or family emergency.

_____ I understand that it is my responsibility as a parent to **note on my child's time card** if he or she attends ELS, Band, Violin, Choir, etc after school. Hours charged will not be adjusted unless this is recorded **on the time card by parent.**

_____ **Failure to pay fees as scheduled will result in the exclusion of the child from the program.**

_____ There is a \$25.00 charge on any check returned stamped "NSF" (non-sufficient funds) and all future payments will be made in cash.

_____ Extended Day closes at 6:00 p.m. Children must be picked up by that time. An additional \$2.00 will be assessed for every minute after 6:00 pm. Repeated late pick-ups may result in exclusion from the program.

Parent/Guardian Medical Authorization

Please accept this form as my authorization to render minor first aid/emergency transportation for the above said student for any illness/injury that may be sustained during the school day and while participating in school related activities. I understand that emergency transport to the closest hospital will be provided via the Evergreen Park paramedics.

Signature of Parent or Guardian _____ Date _____

Person responsible for payment if different from parent (Please Print):

Name _____
Mailing Address _____ Phone# _____