

HOLY TRINITY INTERPAROCHIAL SCHOOL MOUNTAINSIDE CAMPUS

EXTENDED DAY CARE PROGRAM APPLICATION

Kindergarten Only

Today's Date _____

Child's full name _____ Phone _____

Address _____

Street

City

State

Zip

Date of Birth _____

Grade _____

_____ Cell # _____ Bus. # _____

Mother's Name

_____ Cell # _____ Bus. # _____

Father's Name

Emergency Contact Names

Phone Numbers

Extended Care Hours: 7:15 – 8:45 am and 2:30-5:45 pm

\$10.00 Registration Fee

\$6.00 per hour, minimum one hour per session

Please enroll my kindergarten child for the following sessions. Include approximate times.

Day	Date	AM Session	PM Session
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

After 5:45 pm there will be an additional charge of \$3.00 for the first fifteen minutes and \$5.00 for each additional fifteen minutes thereafter.

On half days care can be available from 12:00-5:45 pm, if there are three students registered. Check below if you will need aftercare on half days.

_____ My child will attend half-day extended care. Three days notice is required if he/she will not attend on the half day; otherwise, you will be billed for the hours.

I understand and agree to the above terms.

Parent's Signature

12-Nov-04