

HOLY TRINITY INTERPAROCHIAL SCHOOL MOUNTAINSIDE CAMPUS

EXTENDED DAY CARE PROGRAM APPLICATION

Kindergarten and PreK-4 Full Day

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 – 8:50 am and 2:30-5:45 pm (at least three children must be enrolled in the program)

\$10.00 Registration Fee \$7.50 per hour, minimum one hour per session

I agree to pay an annual prepayment of \$1,000 by September 1.

Each month \$100 will be deducted from this Extended Day Care deposit and put toward your bill. Any amount you owe in excess of \$100 will be billed in the monthly billing cycle.

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

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

I understand and agree to the above terms.

Parent's Signature Date: _____