



Extended Day Registration Form 2009-2010

I wish to enroll my child(ren):

Name(s)

Grade

in St. Joseph School's Extended Day Program.

Extended Day Use Estimate

Please indicate by checking the appropriate lines below, the days and hours you will **usually** make use of Extended Day. (Note: This is **not** a commitment, but only an estimate of how many hours you will usually need to help us plan staff and facilities.)

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
7 - 8 am	_____	_____	_____	_____	_____
8 - 9 am	_____	_____	_____	_____	_____
3:20 – 4:30 pm	_____	_____	_____	_____	_____
4:30 – 5:30 pm	_____	_____	_____	_____	_____
5:30 – 6 pm	_____	_____	_____	_____	_____

Drop In _____

Usage Fees

1 – 15 hours per month	\$4.50 per hour
16 – 30 hours per month	\$4.25 per hour
31 – 60 hours per month	\$4.00 per hour
61 hours or more	\$3.75 per hour
Drop-in Rate	\$5.00 per hour
Late fee (after 6pm)	\$1.00 per minute
Afternoon non-scheduled use	\$5.00 per 15 minutes

I understand and accept that these usage fees are based on the number of hours of Extended Day use per month/per child. Further, I agree to complete a commitment calendar indicating the number of hours we plan to use Extended Day each month prior to the beginning of the month, and make payment for these hours and any additional usage when billed at the end of each month.

Parent Signature _____

Date _____

(over)

Allergies and Snacks

Please list any food or drug allergies your child has or you suspect they may have. Please describe in detail how you handle the allergies and provide us with any needed medical treatments and doctor's orders.

Please describe favorite snacks and beverages:

Emergency Contact Information

Child(ren)'s Name(s): _____

Mother's Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Emergency Contacts:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

For further information, please contact the Issaquah school office at:
(425)313-9129 or office@sjsissaquah.org