



# Extended Day Registration Form

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       | _____         | _____          | _____            | _____           | _____         |
| 2:00 – 3:30 pm | -----         | -----          | _____            | -----           | -----         |
| 3:30 – 4:30 pm | _____         | _____          | _____            | _____           | _____         |
| 4:30 – 5:30 pm | _____         | _____          | _____            | _____           | _____         |
| 5:30 – 6 pm    | _____         | _____          | _____            | _____           | _____         |

Drop In \_\_\_\_\_

### Usage Fees

|                             |                       |
|-----------------------------|-----------------------|
| 1 – 15 hours per month      | \$5.25 per hour       |
| 16 – 30 hours per month     | \$5.25 per hour       |
| 31 – 60 hours per month     | \$5.00 per hour       |
| 61 hours or more            | \$4.75 per hour       |
| Drop-in Rate                | \$6.00 per hour       |
| Late fee (after 6pm)        | \$1.50 per minute     |
| Afternoon non-scheduled use | \$5.50 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 \_\_\_\_\_

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.

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Please describe favorite snacks and beverages:

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Emergency Contact Information

Child(ren)'s Name(s): \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ 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