

STA PARISH SCHOOL

BEFORE AND AFTER CARE PROGRAM REGISTRATION

Name: _____ Birthdate _____ Grade _____ Gender _____

Name _____ Birthdate _____ Grade _____ Gender _____

Name _____ Birthdate _____ Grade _____ Gender _____

Full Name of Mother: _____

Full Name of Father: _____

Home Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

PLEASE CIRCLE THE DAYS YOU NEED CARE:

Before School (\$5/day) 7:00 am – 8:00 am M T W Th F

After School (\$13/day) 3:00 pm – 6:00 pm M T W Th F

Rate for 2nd child = \$11/day, 3rd child = \$9/day

One-Hour After Care (\$5/day) M T W Th F

A \$1.00 DROP-IN FEE will be charged to each student on each drop-in occasion for those families not committing to a regular schedule.

****FOR PRESCHOOLERS ONLY:** PEEPS (\$18/day) 11 am – 3 pm M T W Th F

LUNCH BUNCH (\$5/day) 11am-12n M T W Th F

A \$35 per family per year equipment and registration fee is due upon registering.

This also applies to families using the program on a drop-in basis.

I will make monthly payments via (check one) _____ check _____ ACH

In return for services rendered on the above weekly schedule, I as a parent of _____, agree to childcare payments according to the procedure, policies, and conditions set forth in the STA Parish School Before and After Agreement Statement. I have read the guidelines, understand them, and agree to abide by all the policies, procedures, and conditions outlined.

Date: _____ Parent/Guardian Signature: _____

**** All daycare paperwork must be completed for students to use the program on a drop-in basis.**

OFFICE USE ONLY:

Date received: _____ Reg/Equpt Fee: \$ _____ Ck/Cash: _____ AgrmtSigned: _____ To Prnt _____