

# St. Paul School - Early Care Program

## Registration Form

Child's name: \_\_\_\_\_ grade: Pre-K \_\_\_\_

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

Home telephone number: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Mother's name: \_\_\_\_\_

Cell number: \_\_\_\_\_

Work number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Cell number: \_\_\_\_\_

Work number: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Early Care will follow the school calendar for holidays, delayed openings and snow days based on the Nyack School District. Families will be notified via the IRIS Relay System, please ensure your phone number is on file.**

**In the event of a 2 hour delayed school opening, EARLY CARE WILL NOT be open.**

I understand that there will be a \$10.00 per hour charge for this service that will be billed to me at the end of each month. I agree to pay this amount by the 15<sup>th</sup> of the following month so that I may be allowed to continue using this service. I understand that if I am in arrears after the 30<sup>th</sup> of the billing month, my child will be suspended from the Early Care program until payment is made. I further understand that there is a **\$25.00** reinstatement fee required to reinstate my child in the Early-Care program, if suspended.

Name of Parent/guardian [**please print**]: \_\_\_\_\_

Parent/guardian [**signature**]: \_\_\_\_\_

Dated: \_\_\_\_\_