

St. Elizabeth Catholic School
917 Montrose Road
Rockville, MD 20852

Extended Care Registration for 2020-2021 School Year

I, _____, want to register my child/children in the Extended School Program for the 2020-2021 academic year.

If you are choosing two, three or four days, **please check days** in which you are interested.

****Please note that days fill up and we are not always able to accommodate changes mid-year.**

Student: _____ **Grade:** ____ **D.O.B.** _____ **Allergies:** Yes No
Before Care Day(s) 5 4 3 2 After Care Day(s) 5 4 3 2
MON TUES WED THURS FRI MON TUES WED THURS FRI

Student: _____ **Grade:** ____ **D.O.B.** _____ **Allergies:** Yes No
Before Care Day(s) 5 4 3 2 After Care Day(s) 5 4 3 2
MON TUES WED THURS FRI MON TUES WED THURS FRI

Student: _____ **Grade:** ____ **D.O.B.** _____ **Allergies:** Yes No
Before Care Day(s) 5 4 3 2 After Care Day(s) 5 4 3 2
MON TUES WED THURS FRI MON TUES WED THURS FRI

Rates listed are per day, per child:

Morning Care - \$6.75 Aftercare – 4 or 5 days = \$17.50 2 or 3 days = \$19.50
Registered Families for Early Dismissal Days ONLY = \$35

Please find a check in the amount of \$ _____ (\$50.00 per child) as a non-refundable registration fee for my child/children.

Please print:

Father: Last Name _____ First Name: _____
Email: _____ Cell Phone: _____

Mother: Last Name _____ First Name: _____
Email: _____ Cell Phone: _____

Any Additional Notes:

OFFICE USE ONLY

Received By: _____ Check#: _____ Amount \$ _____ Date: _____

Returning Child New Child Emergency Form Medical Forms Allergy Forms