

St. Joseph Catholic School
Summer 2020 Childcare Program



Registration Form

For children age 3 through incoming 8th grade students

Parent names: _____

Address: _____

Email Address(es): _____

Daytime Phone(s): _____

	Age	Incoming Grade
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____

Program Options:

- Full Time
\$180 per week per child
4-5 days per week, 6:30 am – 6:00 pm
Monday – Friday
- Part Time (Please circle days you will need care)
Monday Tuesday Wednesday Thursday Friday
\$43 per day per child
Three or less days per week, 6:30 am – 6:00 pm
Must be consistent days each week
- Drop In
\$50 per day per child
Childcare Director to be notified at least 24 hours in advance

Each full time and part time family will be billed for the weekly amount listed above, regardless of usage. A one-week vacation allowance at 50% tuition will be given if requested at least one week in advance of the absence for full and part time students. Beyond the one-week vacation allowance, there are no adjustments due to cold lunches, illness, non-St. Joseph School camps, or other circumstances.

I agree to pay \$_____ per week for the 2020 Summercare program. All payments will be made via the Smart Tuition Service.

Parent Signature

Date

*For office use: \$50 Registration Fee Received _____, Ck # _____