

**ST. CHARLES BORROMEO SCHOOL
2018-19 EXTENDED DAY CARE PROGRAM**

Cost: AM: 1st child - \$5.50 per day
 2nd child - \$4.50 per day
 3rd child - \$2.50 per day

PM: \$4.00 per child per hour

STUDENT NAME(S):

GRADE FOR 2018-19

My child(ren) will attend the St. Charles School Extended Day Care program on:

Day	AM/PM	AM Drop Off/PM Pick-up Time
____ Monday	____/____	____/____
____ Tuesday	____/____	____/____
____ Wednesday	____/____	____/____
____ Thursday	____/____	____/____
____ Friday	____/____	____/____
____ *As needed		

Mother's Name: _____ **Cell #** _____

Home address: _____ **Home #** _____

Business Name: _____ **Work #** _____

Father's Name: _____ **Cell #** _____

Home address: _____ **Home #** _____

Business Name: _____ **Work #** _____

I, _____, authorize the following person(s) to pick up my child(ren) from
 Parent/Guardian

St. Charles Extended Day Care:

1) Name: _____ Phone # _____ Relationship: _____

2) Name: _____ Phone # _____ Relationship: _____

3) Name: _____ Phone # _____ Relationship: _____

Please give any additional restrictions or qualifications you deem necessary regarding this pick-up authorization.

____ Attached is my non-refundable \$10 registration fee
 ____ cash ____ check ____ date

____ I have received and read the Extended Day Care
 Program Handbook