St. Paul Kids Connection Registration Form School Year 2019-2020

Date:	_					
Child Last Name First Name		Grade	DOB			
Mother/Guardian Name		Father/Guardian Name				
Address		Address				
City, State, Zip		City, State, Zip				
Cell Phone	Work Phone	Cell Phone	Work Phone			
E-mail (Address is used for billir communication purposes.)	ng information and	E-mail (Address is use communication purpos	ed for billing information and ses.)			
pay by EFTCash		ks that are returned will be ch	lease initial here if you want to arged a \$20.00 NSF fee.			
•	quency of Payments Proced care are sent on Tuesda	lures: y. Payment is due by 6:00 j	om Monday of the next			
 If payment is not If payment is not	received within 7 days of tl all will be made and/or resp	next week \$10.00 late fee will he original due date, a second \$ onsible parties will be notified	510.00 late fee will be			
• •	received 14 days after the ment in full or payment arra	due date, the student will not l ingements have been made.	be allowed to attend the			
By signing below you acknowled	ge that you have read and agree	to the payment procedures outlined	l in the handbook and listed above.			
Parent/Guardian Signature	e	 Date				

Please return one registration form per child along with a family registration fee of \$10.00. Please fill out the attendance schedule on the back side of this page.

Attendance Agreement: Please indicate below the days in which your child will be attending St. Paul Kid's Connection Program. This will help us in scheduling staff.

Program description						
Before School- 7:00am to 8:30am	1st Child 2nd Child or more	Т	W	ТН	F	
After School- 3:30pm to 6:00pm	1st Child 2nd Child or more	Т	W	ТН	F	

Billing will be to the nearest, later $\frac{1}{2}$ hour. i.e. 45 minutes will be billed 1 hour, 1 hour 10 minutes will be 1.5 hours.

Parents will provide a snack for their child(ren).