

**Holy Spirit Parish School  
Extension Program Registration Form  
2011/2012**

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<b>Child's Name</b>	<b>Birthdate</b>	<b>Grade</b>
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<b>Address</b>	<b>Zip Code</b>	<b>Phone #</b>
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<b>Father's Name</b>	<b>Home Phone</b>	<b>Work Phone</b>
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<b>Mother's Name</b>	<b>Home Phone</b>	<b>Work Phone</b>
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**Program hours are 7:00am-6pm every school day. Parents or authorized persons must sign children out of Extension on a daily basis. Children are not allowed to be called out to the car. \_\_\_\_\_ (initial)**

**My child/children will be attending the extension program as indicated below:**

**Full time \_\_\_\_\_ Drop-in (5 hours or less) \_\_\_\_\_**

**MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY**

**A.M. only \_\_\_\_\_    P.M. only \_\_\_\_\_    A.M. & P.M. \_\_\_\_\_**

**Starting \_\_\_\_\_**

**If your child/children are registered for full-time extended day, your monthly fee can be debited from your checking account along with your monthly tuition.**

**\*All drop-in fees must be by automatic debit.\***

**Yes, I would like to have my monthly full-time extension fee debited from my checking account. This fee will be debited on the same day as my tuition.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Holy Spirit Parish School  
Extension Program  
Emergency Form and Signature Card**

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**Children's Names**

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**Home address**

**CSZ**

**Telephone #**

**Illness or accident or leaving of premises:** In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. They are also authorized to pick up my child/ren from the extension program.

**List of persons authorized to pick up child/ren:**

1.	Name	Telephone #	Cell #
2.	Name	Telephone #	Cell #
3.	Name	Telephone #	Cell #
4.	Name	Telephone #	Cell #
5.	Name	Telephone #	Cell #

**Doctor's name and telephone information. If one of the above cannot be reached, I wish my child to be taken to the Emergency Hospital. I wish the following doctor to be notified:**

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**Doctor's Name**

**Telephone #**

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**Special instructions**

**Parent's Work Address & Telephone. The following telephone numbers may be used in case of emergency:**

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**Mother's work #**

**Cell #**

**Father's work #**

**Cell #**

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**Parent's signature**

**Date**

**Holy Spirit Parish School  
2011/2012 Extension Program Fees**

**\$60.00 Registration Fee per child**

**Extension Fees are paid September – May (9 month pay cycle)**

**REGULAR STUDENTS**

<b>1 child</b>	<b>(Kindergarten)</b>	<b>\$168/month or \$1,512/year</b>
<b>1 child</b>	<b>(Grades 1-8)</b>	<b>\$152/month or \$1,368/year</b>
<b>2 children</b>	<b>(Grades 1-8)</b>	<b>\$215/month or \$1,935/year</b>
<b>2 children</b>	<b>(K &amp; 1-8)</b>	<b>\$242/month or \$2,178/year</b>
<b>2 children</b>	<b>(Kindergarten)</b>	<b>\$263/month or \$2,367/year</b>
<b>3 children</b>	<b>(Grades 1-8)</b>	<b>\$257/month or \$2,313/year</b>
<b>3 children</b>	<b>(with 1 in Kindergarten)</b>	<b>\$260/month or \$2,340/year</b>
<b>3 children</b>	<b>(with 2 in Kindergarten)</b>	<b>\$315/month or \$2,835/year</b>

**DROP-IN STUDENTS (5 hours or less/week is considered drop-in)**

**\$10 per hour**

**\$5 per 1/2 hour**

**\*All drop-in fees must be by automatic debit.**

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**ADDITIONAL INFORMATION**

**Extended day services are offered beginning at 7:00am and ending at 6:00pm. A CHARGE OF \$5.00 PER FIVE MINUTES AFTER 6:00PM AND A CHARGE OF \$10.00 PER FIVE MINUTES AFTER 6:30pm WILL BE ADDED TO YOUR MONTHLY PAYMENT if you are late picking up your children from the program.**

**There is a non-refundable registration fee of \$60.00 per child which must accompany the registration and emergency forms. This is required for every child using the program. Please make checks payable to Holy Spirit School Extension Program.**

**PLEASE COMPLETE BOTH SIDES OF EXTENSION REGISTRATION AND EMERGENCY FORM!**