

St. Peter Central Catholic School, 865 Main Street, Worcester, MA 01610

EXTENDED DAY PROGRAM REGISTRATION 2016 - 2017

Dear Parents, Guardians;

St. Peter Central Catholic is pleased to offer Before School and After School Services. Pre-registration is required for this fee-for-service program.

➔ The classroom teacher will take attendance for the After School Program first thing in the morning. Please send a note or inform your child. Call the office if you must change plans.

Before School: Time: 7:30-8:45 AM

After School: Time: 3:00-5:45 PM

Cost per morning: 1 child- \$5.75
2 children- \$8.50
3 children- \$11.25
4 children- \$14.00

Cost per hour: 1 child- \$5.75
2 children- \$8.50
3 children- \$11.25
4 children- \$14.00

The Before School and After School Program will begin on the first day of school.

➔ We will send a bill every two weeks with the Thursday envelope. Please check your child's bag. A handbook, detailing policies, rules and information will be available during the first weeks of school.

Please return the below form and the accompanying two-sided form before school begins.

SPCC Extended Day Program – Registration Form 2016 - 2017

Child's name _____ Grade _____
Child's name _____ Grade _____
Child's name _____ Grade _____

Parent/guardian name _____ Cell Phone # _____
Work Phone # _____ Home Phone # _____
Address _____ City _____ Zip _____

➔ Please indicate how you intend to use the program. PLEASE, be accurate. Do not circle 'every day' to 'save' a place. If your schedule changes at any time, your child will still have a place in the program.

- BEFORE SCHOOL (Please circle one choice)
Every day At least once a week At least once a month Occasionally
• AFTER SCHOOL (Please circle one choice)
Every day At least once a week At least once a month Occasionally

I/we agree to comply with the following rules and conditions for participation: (Please [X])

- [] Parents and children agree to program rules.
[] We will pay our bill upon receipt. Check your child's bag for the bill in the Thursday envelope.
[] All forms are complete and returned. (We need this information to ensure safety for your child.)
[] Your 2015 - 2016 balance is paid in full.

Signature _____ Date _____