

**IMMACULATE CONCEPTION CATHOLIC SCHOOL
EXTENDED DAY ENRICHMENT PROGRAM
REGISTRATION FORM**

Today's Date: _____ School Year: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent's Names: _____

Address: _____ City/Zip: _____

Phone: Home: _____ Work: _____

Cell Phone: (____) _____ (____) _____

Cost: \$50.00 Registration per child and \$4.00 per hour per child (Partial hour will be considered a full hour). PLEASE NOTE: THE FEE FOR PICKING UP LATE (AFTER 6:00 P.M.) IS \$4 PER 5 MINUTES, PER STUDENT. PICKING UP BETWEEN 6:01 AND 6:05 P.M. COUNTS AS THE FIRST 5 MINUTES.

Please check time(s) required:

_____ Before School: 7:00 a.m. - 7:55 a.m. (approximate drop off time: _____)

_____ After School: 3:05 p.m. - 6:00 p.m. (approximate pick up time: _____)

Days of the week required:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
_____ Varies

Please list any allergies/areas of concern that would help in caring for your child:

Please list anyone authorized to pick up your child (ID Required):
