

Christ the King Catholic School

2016 – 2017
**EXTENDED CARE/PRE-K4 WRAP AROUND – EXTENDED CARE
 PRE-KINDERGARTEN 4 – GRADE 8
 REGISTRATION**

Extended Care/PreK-4 Extended Care is a service provided for parents at a minimal cost and is available in conjunction with the school calendar. When school is not in session, Extended Care is not available to the students.

PLEASE COMPLETE

- | | | |
|-----------------------------|------------|-----------------------|
| 1. Full Name of Child _____ | Age: _____ | Grade Entering _____ |
| Full Name of Child _____ | Age: _____ | Grade Entering: _____ |
| Full Name of Child _____ | Age: _____ | Grade Entering: _____ |
| Full Name of Child _____ | Age: _____ | Grade Entering: _____ |

2. Child's Home Address _____ Home Phone: _____

3. Father's Name _____ Cell Phone _____
 Father's Business _____ Phone _____

4. Mother's Name _____ Cell Phone _____
 Mother's Business _____ Phone _____

5. Person (other than Parent) to contact in an emergency:
 Name _____ Phone _____
 Name _____ Phone _____

6. Christ the King School has my consent, in an emergency, to take necessary steps to obtain medical attention for my child.

 Signature of Parent/Legal Guardian _____
 Date

FEES: Registration Fee of \$50 per family is non-refundable, to be paid by August 1, 2016.
 After School Extended Care must be paid by the first of the month and is due on a (10) month basis. The first payment is due August 1, 2016, with the last payment (#10) due May 1, 2017. A late fee of \$25.00 will be added after the third of the month.

Please check the services that you will need:

**Pre-Kindergarten Four – Wrap Around Program
 Yearly Cost**

<input type="checkbox"/> Wrap Around	\$1,650 per year
<input type="checkbox"/> Wrap Around + Ext Care	\$3,300 per year

**After School Extended Care
 Yearly Cost**

<input type="checkbox"/> 1 Child	\$1,650 per year
<input type="checkbox"/> 2 Children	\$2,300 per year
<input type="checkbox"/> 3 Children	\$2,900 per year

FOR OFFICE USE ONLY

Date _____ Check # _____ Cash _____ Amount Pd _____