

Prince of Peace Extended Care Program Registration Form 2017-2018

Parent Names: _____

Address: _____

Home/Cell Number: _____

Parent Emails: _____

Student Name(s)	Grade	Monday	Tuesday	Wednesday	Thursday	Friday
		AM / PM	AM/ PM	AM/ PM	AM / PM	AM / PM

My Schedule will vary: Yes _____ No _____

I wish to use Extended Care on a Drop-in Basis: Yes _____ No _____

AM 6:30 until 7:15
(Pre-Kindergarten until 8:30)

DAILY:
\$7 per day, first student
\$14 per day, two students
\$21 per day, three students

WEEKLY:
\$30 per week, first student
\$65 per week, two students
\$100 per week, three students

PM 2:15 * until 6pm

DAILY:
\$15 per day, first student
\$27 per day, two students
\$37 per day, three students

WEEKLY:
\$70 per week, first student
\$130 per week, two students
\$180 per week, three students

PRE-KINDERGARTEN
11:30am-2:15pm*

DAILY:
\$10 per day

*3:00 pm on Fridays