



HOLY SPIRIT PARISH SCHOOL

2018/2019 Extension Program Fees

\$75.00 Registration Fee per child

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

FULL TIME STUDENTS

1 child	(TK or Kindergarten)	\$200/month or \$1,800/year
1 child	(Grades 1-8)	\$185/month or \$1,665/year
2 children	(Grades 1-8)	\$275/month or \$2,475/year
2 children	(TK or K & 1-8)	\$300/month or \$2,700/year
2 children	(TK or Kindergarten)	\$295/month or \$2,655/year
3 children	(Grades 1-8)	\$360/month or \$3,240/year
3 children	(with 1 in TK or Kindergarten)	\$380/month or \$3,420/year
3 children	(with 2 in TK or Kindergarten)	\$380/month or \$3,420/year
4 children	(with 1 in TK or Kindergarten)	\$380/month or \$3,420/year

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

\$15 per hour

\$7.50 per 1/2 hour

***All drop-in fees will be billed through FACTS on the 20th of the month**

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ADDITIONAL INFORMATION

Extended day services are offered beginning at 7:00am and ending at 6:00pm.

A CHARGE OF \$7.50 PER FIVE MINUTES AFTER 6:00PM AND A CHARGE OF \$15.00 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 \$75.00 per child which must accompany the registration and emergency forms. This is required for every child using the program. This amount will be billed through the FACTS program.



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PLEASE COMPLETE BOTH FORMS, EXTENSION REGISTRATION AND EMERGENCY FORM!

2018/2019 Extension Program Registration Form

Child's Name Birthdate Grade

Child's Name Birthdate Grade

Child's Name Birthdate Grade

Child's Name Birthdate Grade

Address Zip Code Phone #

Father's Name Home Phone Email Work Phone

Mother's Name Home Phone Email Work Phone

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 will be debited from FACTS on the same day as your tuition.

***All drop-in fees will be billed through FACTS on the 20th of the month.**

Parent Signature _____ Date _____



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Extension Program Emergency Form and Signature Card

Children's Names

Home address

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 #

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:

Doctor's Name

Telephone #

Special instructions

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

Mother's work #

Cell #

Father's work #

Cell #

Parent's signature

Date