**St. John’s Extended Care Registration**

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**Please register and pay with this form by Thursday of the preceding week.**

**WEEKLY**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |  |
| **PRE-K – 3 hrs**  Extended 11:30-2:20 |  |  |  |  |  |  |
| **1 hr** \*2:20-3:30pm |  |  |  |  |  |  |
| **2 hrs** 3:30-4:30pm |  |  |  |  |  |  |
| **3 hrs** 4:30-5:30pm |  |  |  |  |  | **Total Hours** |
| Total Day Hours | + | + | + | + | = |  |
|  |  |  |  |  |  |  |

\*2:20-3:30 will be billed as one hour **Total Week Hours x $4.50 per hour: $\_\_\_\_\_\_**

Round to the nearest ½ hour

**OR MONTHLY:**  **Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please mark PICK UP TIME on each DAY that your child will be staying.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2:20-3:30 will be billed as one hour

Round to the nearest ½ hour **Total Month Hours x $4.50 per hour: $\_\_\_\_\_\_\_**

**(Office Use Only – Scheduled \_\_\_\_\_\_\_\_ Receipt \_\_\_\_\_\_\_\_) Date Paid \_\_\_\_\_\_\_\_\_\_\_**