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### 2015—2016 EXTENDED DAY CARE PROGRAM REGISTRATION FORM

#### Student's Name/Grade in Sept./ Birth Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

#### FAMILY INFORMATION:

Father/Guardian: _____	Mother/Guardian: _____
Address: _____	Address: _____
Home Phone #: _____	Home Phone #: _____
Work Phone #: _____	Work Phone #: _____
Mobile Phone #: _____	Mobile Phone #: _____
Email: _____	Email: _____

#### Rates & Fees:

Hourly Rate is \$10.00, billed in 15 minutes increments of \$2.50. There is no charge for the first five (5) minutes.

Extended Care closes promptly at 6:00 p.m. A late pick up per minute charge of \$1.00 per minute will be made for each minute after 6:00 p.m.

#### Billing:

Weekly invoices will be provided by the 10th of the following month.

#### Payment:

Payment is due to the office by the first of each month. Check, cash or credit card is accepted. Balance not paid by the 10th of each month will automatically be charged to your credit card along with a 3.5% handling fee.

#### Credit Card Information/Authorization:

Please complete this information, even if you choose to pay with a check or cash.

Name on card \_\_\_\_\_

Type of card:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I/We the parents of \_\_\_\_\_ in consideration of acceptance into the Saint Catherine of Siena Parish School Extended Day Care Program, agree to make prompt payments of required fees and to adhere to all rules and regulations of the program. We understand that our failure to meet the conditions of this agreement may result in our child's being dismissed from the program.

\_\_\_\_\_  
Father'/Guardian Signature Date

\_\_\_\_\_  
Mother/Guardian Signature Date