



30516 South Coast Highway
Laguna Beach, CA 92651
Phone: (949) 494-7339
FAX: (949) 376-5752
www.stcatherinelaguna.com

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