



# Holy Family Regional School

## Extended Day Care

Please return this **REGISTRATION FORM** to either school office- **ATTN: EDC Director.**

**The Registration Fee is \$50.00/family, IT WILL BE APPLIED TO YOUR FACTS ACCOUNT.**

**NO PAYMENT NEEDED.**

Student Name(s):	Grade Level(s):																
Parent/Guardian Last Name:	Father's First Name:	Mother's First Name:															
Home Phone:	Father's Cell Number:	Mother's Cell Number:															
Father's Email Address:	Mother's Email Address:																
Days needed for EDC: <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <span>Morning</span> <span>Afternoon</span> </div> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">Monday</td> <td style="width: 30%; text-align: center;">_____</td> <td style="width: 30%; text-align: center;">_____</td> </tr> <tr> <td>Tuesday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Wednesday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Thursday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Friday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Monday	_____	_____	Tuesday	_____	_____	Wednesday	_____	_____	Thursday	_____	_____	Friday	_____	_____	<b>Date &amp; Month To Start:</b> (Example 8-31-15)	
Monday	_____	_____															
Tuesday	_____	_____															
Wednesday	_____	_____															
Thursday	_____	_____															
Friday	_____	_____															

**Fee Schedule: All invoices will be posted to your FACT Account.**

Morning: 7:00am-8:30am

Afternoon: 3:45pm-6:00pm

\$7 per day for one child

\$10 per day for one child

\$13 per day for two children

\$19 per day for two children

\$17 per day for three children

\$27 per day for three children

\$20 per day for four children

\$34 per day for four children

I/We understand that Holy Family Regional School **only** offers Extended Day Care with a **monthly commitment.**

We ask that you give us twenty-four (24) hours written notice if you will not be using services for a particular day.

\_\_\_\_\_  
Father's/Guardian's Initials

\_\_\_\_\_  
Mother's/Guardian's Initials

**Release**

I agree to follow center policies. I understand that I will receive a handbook, and will be invited to attend an informational meeting at a later date. I release Holy Family Regional School, and any associated person from any claims of ordinary negligence in consideration for the opportunity to participate in this program. I hereby state that my child is in good health and able to participate in this program.

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

\_\_\_\_\_  
Mother's/Guardian's Signature & Date