



Family ID# _____

Check # _____

Amount _____

All Saints School 2020-2021 Extended Care Registration Form

Please check (✓) the time blocks you wish to sign up for each student

Student(s) Name	2020-21 Grade	Morning 7:00 -8:00 AM	Afternoon To 4:00 PM	Afternoon To 5:00 PM	Afternoon To 6:00 PM

STUDENT LIVES WITH: Both Parents Father Only Mother Only Other _____

Father: _____ Phone: _____ Cell Home Work

Home Address: _____

Mother: _____ Phone: _____ Cell Home Work

Home Address (if different): _____

- **A non-refundable Registration Fee of \$65 per child is due with this form.** Spots are reserved on a first-come, first-serve basis.
- Extended care fees are withdrawn from your bank account each month prior to the month of service. Withdrawals begin on August 25, 2020 and will continue for ten months.
- The following rates are charged in weekly blocks:
 - Up to 1 hour of care each day = \$25/week
 - Up to 2 hours of care each day = \$50/week
 - Up to 3 hours of care each day = \$75/week
 - Up to 4 hours of care each day = \$100/week
- Parents arriving after 6:00 PM will be charged a rate of **\$1.00 per minute after 6:00 PM.**
- On designated **No School days**, the extended care cost is **\$40 per child.** This is an all-day fee and you must sign-up in advance.
- If a child is picked up more than four times per month after the time period paid for, the next bill will reflect the increased time slot. Overtime charges are \$15.00/day.
- **Please note:** Once you sign up for a time period, you are automatically billed for that time. Even if you do not use the service, you will be billed for the time you have signed up for.
- No drop-in care is available.
- We are dedicated to serving the most number of students as per our extended care enrollment numbers allow.
- Once accepted, you will receive additional paperwork as required by the State of Oregon, to complete and return to the school office.

Please return this form to the school office **WITH** the \$65 Registration Fee attached.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Bill Extended Care to: Both Parents **OR** _____ % Father _____ % Mother