



SAINT LEO THE GREAT CATHOLIC SCHOOL

EXTENDED CARE PROGRAM REGISTRATION FORM

REGISTRATION FEE: \$50.00 PER FAMILY
Rate: \$5.00/Hour

The Registration Fee will be assessed upon the 2nd occasion used.

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Home Address _____
City/Zip _____ Phone _____

Emergency Contact #1 _____ Cell/Day# _____
Relationship to Student _____

Emergency Contact #2 _____ Cell/Day# _____
Relationship to Student _____

I am contracting to use Extended Care at a rate of \$5 per hour.

Extended Care billing will be added to the FACTS program. It will be listed on your FACTS account as an "Incidental Expense". This incidental expense will be scheduled for auto pay from your authorized account on the 15th of each month, beginning September 15, 2019 through May 15, 2020.

Please contact the school office at 510-654-7828 if you have any questions regarding extended care.

Special Conditions/ Allergies, etc:

Parent/Guardian Signature

Date

I hereby acknowledge that I will adhere to the rules of the school and the Extended Care Program