



Sacred Heart Catholic School

540 N. 31st St. – Lincoln, NE 68503 – (402) 476-1783

Extended Day Program Registration Form 2018-2019 School Year

Modified 6-15-2018

Family Last Name: _____ Home Phone: _____

Mother's Name: _____ Cell Phone Number: _____

Father's Name: _____ Cell Phone Number: _____

<u>Students Enrolling</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

Days of Enrollment (please circle): Monday Tuesday Wednesday Thursday Friday
12:00 dismissal days **only**

Anticipated pick-up time: _____

Costs – costs are per day

A \$1 per minute fee will be charged if students are not picked up by 5:30 p.m.

	One Child	Two Children	Three or more
Picked up before 4:05 p.m.	\$3.00	\$4.00	\$6.00
Picked up before 5:00 p.m.	\$5.00	\$9.00	\$12.00
Picked up between 5:00 and 5:30 p.m.	\$8.00	\$12.00	\$20.00

12:00 dismissal days **only** (picked up by 3:30 p.m.): \$20 for one child; \$30 for two children; \$45 for 3+.

12:00 dismissal days **only** (picked up after 3:30 p.m.): \$30 for one child; \$50 for two children; \$65 for 3+.

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone Number _____

Adults authorized to pick the students up from Extended Care (students will dismissed only when an authorized person signs them out. If parents wish to add someone to the list, it must be done in writing):

1. Name: _____ Relationship: _____ Signature: _____

2. Name: _____ Relationship: _____ Signature: _____

3. Name: _____ Relationship: _____ Signature: _____

4. Name: _____ Relationship: _____ Signature: _____

Parent Signature: _____