



SAINT MONICA SCHOOL

212 Lawrence Street
Methuen, MA 01844
Telephone: 978-686-1801
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EXTENDED DAY PROGRAM

Registration Form and Fee Agreement – **Please include a \$10.00 registration fee per child**

Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____

Parents' Names: _____
Address: _____
Contact #: _____ Email Address: _____

Emergency Contact#: _____ Name: _____
Emergency Contact#: _____ Name: _____
Emergency Contact#: _____ Name: _____
Emergency Contact#: _____ Name: _____

Pricing as follows:

Each Child: Registered Children - \$15.00 per day per child

Half Days, each child: February 4th, April 14th and May 27th - \$25.00 per day per child (must be registered)

*****There will be NO Extended Day Program on days when there is NO SCHOOL and on the half days before Thanksgiving and Christmas break.*****

By signing this agreement I understand that I will be billed for the days my child is registered for the Extended Day Program. All payments are due immediately after receipt of invoice. If the invoice is not paid within five days of issue, I understand I will incur a \$15.00 late fee and my child will not be able to attend the program until all financial obligations are paid in full.

The Extended Day Program will be re-evaluated monthly.

Checks should be made payable to St. Monica School. If your payment is late, you will incur a \$15.00 late fee. **If you decide to terminate your child from the program you must notify us two weeks in advance.** Thank you.

FOR EVERY FIVE MINUTES AFTER 6PM THAT YOU ARE LATE PICKING UP YOUR CHILD YOU WILL INCUR A \$5.00 LATE FEE. PLEASE MAKE SURE YOU ARE ON TIME TO PICK UP YOUR CHILD.

Please check which days your child will be attending.

#	First Name	Last Name	Grade	Mon	Tue	Wed	Thu	Fri	
1									
2									
3									
4									

Signature of Parent/Guardian: _____

Date: _____ **I have included the \$10.00 registration fee per child.**