



St. John's Extended Care Registration

Please register and pay with this form by Thursday of preceding week.

WEEKLY: Date: _____

Name(s) _____

| MARK AT PICK UP TIME | Monday | Tuesday | Wednesday | Thursday | Friday | |
|--|--------|---------|-----------|----------|--------|-------------|
| PRE-K – 3.5 hrs Extended 11:00-2:30 | | | | | | |
| 2:20-3:30pm | | | | | | |
| 3:30-4:30pm | | | | | | |
| 4:30-5:30pm | | | | | | Total Hours |
| Total Day Hours | + | + | + | + | = | |

*2:20-3:30 will be billed as one hour

Total Week Hours _____ x \$5.00 per hour: \$ _____

OR MONTHLY: Month of _____

Name(s): _____

Please mark PICK UP TIME on each DAY that your child will be staying.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2:20-3:30 will be billed as one hour **Total Month Hours** _____ x \$5.00 per hour: \$ _____

(Office Use Only – Scheduled _____ Receipt _____) Date Paid _____

Please remember to send an extra snack with your child for after school.