



St. George School Extended Day

Registration 2026-2027

Please fill out both sides of this form.

Please sign this form and return with registration payment.



List the names and numbers of those with whom you give permission for your child to be released to. **Your child will not be released to anyone without your permission.**

Name _____

Number _____

Name _____

Number _____

Does your child have any allergies to food or any medical conditions?

Extended Day bills will be sent home with the students Bi-monthly. All bills need to be paid within **10 days** of each billing cycle.

The service fee for the program is as follows:

Hourly Rates

- ❖ \$10.00 per hour for one student
- ❖ \$14.00 per hour for two students
- ❖ \$18.00 per hour for three or more students

Full time Weekly Rates Per Student

- ❖ \$160.00 for 1 student
- ❖ \$280.00 for 2 students
- ❖ \$375.00 for 3 students

***RATES INCREASE TO \$25.00 FOR EVERY 15 MINUTES AFTER 6PM.**

The St. George School Extended Day Program begins at 6:30 a.m. and concludes at 6 p.m. daily. Please follow the monthly calendar for any changes in the program schedule.

I _____ agree to the requirements established by the St. George School Extended Day Program for the 2026-2027 school year.



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Please Print Clearly ~ Please fill out both sides of this form.

Family Name _____

Date _____

Registration Payment Received on _____: Check Number _____ Cash _____

A **registration fee of \$65.00** will be collected upon registration per family. Three or more usages require a registration fee. Registration fee is for daily snacks provided to your student throughout the year. Extended care is billed hourly. The program opens at 6:30 a.m. until 7:35 a.m. and 3 p.m - 6:00 p.m. *

***RATES INCREASES BY \$25.00 FOR EACH ADDITIONAL 15 MINUTES AFTER 6 PM.**

Student(s) Name _____ Grade _____

 Name _____ Grade _____

 Name _____ Grade _____

 Name _____ Grade _____

Parent/Guardian Name _____

Home Mailing Address _____

Mother's Phone Number _____

Father's Phone Number _____

Emergency Contact Name _____

Emergency Contact Number _____