

**St. Bruno Parish School  
Extended Care Program Registration  
2025-2026**

**FAMILY NAME:** \_\_\_\_\_ Student

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student

Name \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE MARK WHICH TYPE OF CARE YOU NEED FOR YOUR FAMILY**

\_\_\_ Before School Care (7:30-8:30 AM) \_\_\_ After School Care (3:30-5:30 PM)

\_\_\_ BOTH

Please check the days you plan to have your students attend:

**Before School Care:**

Monday Tuesday Wednesday Thursday Friday

Approximately what time do you plan to bring your student? \_\_\_\_\_

**After School Care:**

Monday Tuesday Wednesday Thursday Friday

Approximately what time do you plan to pick up your student? \_\_\_\_\_

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**Father/Guardian Name** \_\_\_\_\_

Address  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

Address (if different from above)  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

We have your **emergency contact information** on file in the school office.

**If this information would be different during Before or After School Care, please contact us to fill out an additional form.**

## **Fee Schedule for Extended Care Program**

**Registration fee is \$25 per family** and the registration fee must accompany the form. Registration is **due prior to student attending program**. Please return this form by August 15, 2025.

In emergency situations, parents may arrange with the St. Bruno Parish School Office for their child/children to attend Before or After School Care, completing the registration form and paying the fee the next day.

Fees are charged on a ½ hour basis with a minimum of 1 hour for the first hour. If you use both programs, the hours are totaled for the day and then billed. You will be billed monthly for the Extended Care Program.

First Child = \$7.00 per hour.

Second Child = \$6.00 per hour

Third Child = \$5.00 per hour

Fourth Child = \$4.00 per hour

- I/We hereby promise that I/we will pay the Extended Care fees established by the School for the care of my/our child(ren).
- I/We understand that we will be billed on a monthly basis and will pay in full within 14 days of receipt of the bill.
- I/We understand that if we do not keep the balance current in a 30 day period that our child(ren) will no longer be able to attend the program.
- Parents agree that they and their child(ren) will abide by the policies and procedures of the archdiocese at St. Bruno Parish School.

**I accept the Extended Care Program fees and payment schedule.**

Signature\_\_\_\_\_ Date\_\_\_\_\_

**For office use:** Registration paid on \_\_\_\_\_  
Set up in billing system \_\_\_\_\_  
Emergency form in binder \_\_\_\_\_