

**St. Monica Academy  
Extended-Day Program  
Registration 2024 – 2025**

Morning hours: 7:00 a.m. – 8:15 a.m.      After school hours: 3:00 p.m. – 6:00 p.m.

Registration Fee:

\$25.00 one child; \$50.00 per family (*early registration discount before August 10, 2024*)

\$50.00 one child; \$100.00 per family (*after August 10, 2024*)

Daily Fees: Hourly - \$6.00; half hour - \$3.00; less than ½ hour - \$3.00

Hourly - \$12.00 per child if not registered

\$1.00 per minute per child after 6:00 p.m.

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Family Name \_\_\_\_\_

Child(ren) \_\_\_\_\_ Grade/Room \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Cell No. \_\_\_\_\_

Medical concerns we should be aware of  
(explain) \_\_\_\_\_

Expect to use Extended Care: Daily A.M. from \_\_\_\_\_ Emergency ONLY \_\_\_\_\_  
Daily P.M. until \_\_\_\_\_ Occasional \_\_\_\_\_

The Extended Daycare registration fee will be charged on your FACTS account under "Incidental Expenses." You must set up Auto Pay in both the Monthly Payment Plan and Incidental Expense accounts if you want all of your charges to pay automatically. If you do not schedule Auto pay on your incidental account, you will need to make a manual payment for this charge as well as all of your monthly extended care charges.

**-SEE OTHER SIDE-**

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO  
Mrs. Gina Gamboa or Mrs. Dawn Mitchell via the school office.**

**Individuals authorized to pick up students from Extended Care:**

**Name**

**Contact Info**

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**Parent/Guardian Agreement**

I have read the handbook for the Extended Day Program of St. Monica Academy I have discussed the pertinent sections with my child(ren). I agree to support the provisions/regulations contained in this handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical/Accident Insurance** (Please sign and declare this statement).

I hereby declare that our family insurance will protect my child(ren) in case of a medical/accident/emergency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to the office before the first day of school.**