

**St. Elizabeth Catholic School
917 Montrose Road
Rockville, MD 20852**

Please Print

Extended Care Registration for 2018-2019 School Year – Deadline is MARCH 20th.

I, _____, want to register my child/children in the Extended School Program for the 2018-2019 academic year.

If you are choosing two, three or four days, please circle days in which you are interested.

***Please note that days fill up and we are not always able to accommodate changes mid-year.*

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

_____ Before Care (5 days) (4 days) (3 days)
Student _____ Grade After Care (5 days) (4 days) (3 days) (2 days)

_____ Before Care (5 days) (4 days) (3 days)
Student _____ Grade After Care (5 days) (4 days) (3 days) (2 days)

_____ Before Care (5 days) (4 days) (3 days)
Student _____ Grade After Care (5 days) (4 days) (3 days) (2 days)

Rates listed are per day per child: Morning Care - \$6.50 Aftercare – 4 or 5 days = \$17, 2 or 3 days = \$19

Enclosed please find a check in the amount of \$_____ (\$50.00 per child) as a non-refundable registration fee for my child/children.

Please print:

Father: _____
Last Name First Name

_____ Email Cell Phone #

Mother: _____
Last Name First Name

_____ Email Cell Phone #

Parent Signature: _____ Date: _____

Office Use Only

Received by _____ Name _____ Date _____ Check # _____ Amount \$ _____