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

Extended Care Registration for 2017-2018 School Year – Deadline is MARCH 20th.
Please Print

I, _____, want to register my child/children in the Extended School Program for the 2017-2018 academic year.

Please circle which care you need:

_____ 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)

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

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

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 number _____ Amount $_____