



Kearns-Saint Ann School
Extended Care Registration Form 2016-2017

Parent or Guardian's Name (Please Print) _____

Address (Street) _____ (City) _____ (ZIP) _____

Child's Name/s _____ Grade _____

Cost per Month (9 month pay schedule—September through May)

Grades K-8	\$175/month (3:00-6:00 P.M.)
Pre-K ½ day	\$175 /month
Pre-K ½ day +3-6 P.M.	\$200 /month
DROP-IN:	Monday-Thursday: \$10
	Friday: \$12
	7 A.M. – 8 A.M. \$3

DROP-IN FEE TO BE PAID AT TIME OF DROP-IN

Circle One:	FULL-TIME	DROP-IN
Registration Fee.....	\$35 /Family	\$ _____
Supply Fee*	\$60 /Student	\$ _____
Before School Care.....	\$55/month	\$ _____
After School Care.....	\$175 / month	\$ _____
Pre-K ½ day.....	\$175 /month	\$ _____
Pre-K ½ day & after school.....	\$200 / month	\$ _____
	TOTAL	\$ _____
Check # _____	PAYMENT	\$ _____
Receipt # _____	BALANCE DUE	\$ _____

Parent or Guardian Signature _____ Date _____

Phone (Work) _____ (Home) _____ (Cell) _____