



## Daycare Application

Return completed form to the office.

### Student(s) Information:

1. Child's Full Name: _____	Grade: _____
*Health Concerns: _____	
2. Child's Full Name: _____	Grade: _____
*Health Concerns: _____	
3. Child's Full Name: _____	Grade: _____
*Health Concerns: _____	

### Family Information:

1. Parent Name: _____  Relationship to child(ren): _____  Email: _____  Cell #: _____  Home #: _____  Work #: _____  Address: _____	2. Parent Name: _____  Relationship to child(ren): _____  Email: _____  Cell #: _____  Home #: _____  Work #: _____  Address <small>(if different)</small> : _____
---	--

### Emergency Contact:

1. Name: _____	Relationship: _____	Cell #: _____
2. Name: _____	Relationship: _____	Cell #: _____
3. Name: _____	Relationship: _____	Cell #: _____

**Rates & Fee:** Hourly rate is \$5.00 per student. Payments are due weekly.

**Late Fee:** An additional \$1 per minute late fee will be added to your weekly fee.

**Billing:** Weekly invoices will be given to families on Friday. Payment due on Monday to continue service.

**Payments:** Payment is due to the Finance Office by Monday morning. Cash or check is accepted. Make checks payable to St. Rita's School.

**I/We, \_\_\_\_\_, accept the terms and conditions of the St. Rita's School Extended Daycare program. I/We agree to all program rules. I/We understand that failure to comply may result in dismissal from the program.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**