



Extended Day Program 2018-2019

Registration Form

Please fill out this form and attach a check for \$60.00 per family for registration for the Extended Day Program.

Child's Name _____ Grade for 2018-2019 _____

Parent/Guardian Name _____

Phone Numbers: Home _____ Cell _____

Facts about the Program

Daily Rate is \$17.00 per child

\$25.00 for Early Release Days (TA Rates available)

Hours of Operation are 3:00-6:00 PM

Phone #360-920-7592

Email edp@school.assumption.org

Contract on Back

Extended Day Contract

I _____ agree to pay a fee of 17.00 a day (and \$25.00 for Early Release Days) for the After School Care Program. I will pay a \$60.00 registration for my family. Families will be billed at the end of each month for the days your child(ren) attend the program over the month. Please make checks out to Assumption Catholic School and note EDP.

*Child pick up after 6pm will result in a dollar a minute late fee

Signature _____

Date _____

Contact Bev Williams at 920-7592 or
edp@school.assumption.org with any questions