

Date: \_\_\_\_\_

If your child/ren will need the same hours of care each week you may fill out the following registration form one time for the school year. Permanent or specific changes in your child's schedule may still be made by providing the new information (**in writing**) as needed by the due date prior to service. Please see the scheduled due dates on the website, [www.stpaul-school.org](http://www.stpaul-school.org), which reflect vacation dates etc.

### SPA AFTER SCHOOL CARE (3:10 – 5:30 p.m.) REGISTRATION AND PAYMENT

Schedule request for 2011 – 2012 school year:

Family Name: \_\_\_\_\_ (Please print.)

Name and Grade of Each Child:	Days of Planned Attendance:	Pick-up Time:
_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____

Total scheduled hours \_\_\_\_\_ X rate per hour \_\_\_\_\_ = Total Due \_\_\_\_\_

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If your child/ren will need care on a flexible basis, please use the following form every two weeks. Additional forms will be provided via your child's Friday folder, the office, or the ASC staff, or website. Please check the website for due dates/weeks of service, [www.stpaul-school.org](http://www.stpaul-school.org).

Family Name: \_\_\_\_\_ (Please print.)

Weeks of Service \_\_\_\_\_ Due Date \_\_\_\_\_

Name and Grade of Each Child		Day/Pick-up time
_____	Week one:	M _____ T _____ W _____ Th _____ F _____
	Week two:	M _____ T _____ W _____ Th _____ F _____
_____	Week one:	M _____ T _____ W _____ Th _____ F _____
	Week two:	M _____ T _____ W _____ Th _____ F _____
_____	Week one:	M _____ T _____ W _____ Th _____ F _____
	Week two:	M _____ T _____ W _____ Th _____ F _____

Total scheduled hours \_\_\_\_\_ X rate per hour \_\_\_\_\_ = Total Due \_\_\_\_\_

**SPA AFTER SCHOOL CARE  
FLEXIBLE PRE-REGISTRATION SCHEDULE**

**Family Name:** \_\_\_\_\_ (Please print.)

**Weeks of Service** \_\_\_\_\_ **Due Date** \_\_\_\_\_

**Name and Grade of Each Child: Day/Pick-up time**

_____	Week one:	M _____	T _____	W _____	Th _____	F _____
	Week two:	M _____	T _____	W _____	Th _____	F _____
_____	Week one:	M _____	T _____	W _____	Th _____	F _____
	Week two:	M _____	T _____	W _____	Th _____	F _____
_____	Week one:	M _____	T _____	W _____	Th _____	F _____
	Week two:	M _____	T _____	W _____	Th _____	F _____

Total scheduled hours \_\_\_\_\_ X rate per hour \_\_\_\_\_ = **Total Due** \_\_\_\_\_

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**SPA AFTER SCHOOL CARE  
FLEXIBLE PRE-REGISTRATION SCHEDULE**

**Family Name:** \_\_\_\_\_ (Please print.)

**Weeks of Service** \_\_\_\_\_ **Due Date** \_\_\_\_\_

**Name and Grade of Each Child: Day/Pick-up time**

_____	Week one:	M _____	T _____	W _____	Th _____	F _____
	Week two:	M _____	T _____	W _____	Th _____	F _____
_____	Week one:	M _____	T _____	W _____	Th _____	F _____
	Week two:	M _____	T _____	W _____	Th _____	F _____
_____	Week one:	M _____	T _____	W _____	Th _____	F _____
	Week two:	M _____	T _____	W _____	Th _____	F _____

Total scheduled hours \_\_\_\_\_ X rate per hour \_\_\_\_\_ = **Total Due** \_\_\_\_\_