

# St. Peter Catholic School

## Summer 2019 Child Care Form



Please complete and return this form if your family may utilize the St. Peter Catholic Child Care for the Summer 2019.  
This is not a binding contract at this time, but for planning purposes only.

**FAMILY NAME:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
Last First Middle

Check if same address as mother and skip to work phone.

**Address:** \_\_\_\_\_  
Street City Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

Children registering for Child Care (Should be Age 3 (and trained to use bathroom facilities) through Grade 5)

Name	Gender (male/female)	Date of Birth (mm/dd/yyyy)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(over)

**Summer Child Care hours are from 6:30 a.m. – 5:30 p.m.**

**FEES SCHEDULE FOR THE SUMMER CHILDCARE**

- **Registration Fee:** A non-refundable \$25.00 per family.
  
- **\$25.00** for first child for a full day (5 hours or more).
- **\$20.00** for any additional child for a full day (5 hours or more).
  
- **\$20.00** for first child for a half day (less than 5 hours).
- **\$15.00** for first child for a half day (less than 5 hours).

I have read the above enrollment and fee information and understand that by signing this form I am in no way obligated to use St. Peter Catholic School Child Care, but will be responsible for any fees incurred if I so choose to use the service. These fees include and are not limited to registration fees, child care fees and late fees incurred. My agreement to use the service shall be indicated by submission of a weekly Child Care Reservation Form to the school office the week prior to needing the service. I also understand that the annual registration fee of \$30.00 is non-refundable under any circumstances as it covers the administrative costs of the registration process.

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only		
Registration Fee Paid: _____	Cash: _____	Check#: _____
Date Received: _____	Received by: _____	
Registration Installment Date Paid: 1) _____	2) _____	3) _____