

# S.T.A.R. Program

St. Timothy Academic & Recreational Program

## Registration Form



Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

| Child's Full Name | Grade | Birthdate |
|-------------------|-------|-----------|
|                   |       |           |
|                   |       |           |
|                   |       |           |
|                   |       |           |

Employer (Mother) \_\_\_\_\_ Phone: \_\_\_\_\_

Employer (Father) \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Other than parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus shot for each child: \_\_\_\_\_

Full Time Enrollment: Please enroll my child/children in the days checked. (4-5 days)

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri \_\_\_\_\_

Part Time Enrollment: Please enroll my child/children in the days checked. (1-3 days)

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri \_\_\_\_\_

Monthly Tuition: To be paid by the 1<sup>st</sup> of each month:

**Monthly Cost:**

\$145 (Part-time 2-3 days per week)

\$200 (Full-time 4-5 days per week)

**Daily Rate:** \$20 per day

Siblings receive a 30% discount per each additional child on the daily or monthly rate.

Late Student Pick-up after 6:00pm: \$5 for the first 10 minutes and \$1 each additional minute

**Please make checks payable to St. Timothy School**

Registration Fee: \$25 per family if paid before May 15, 2009 increases to \$35 after May 15, 2009

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_