Print Form
t complete without

Bridges 2011-2012
Early Morning Care
Registration and Contract

___ **Full-time Early Morning Care (4-5 days/week)** $900/yr. or $100/mo. (Aug.-April)
Monday Tuesday Wednesday Thursday Friday

___ **Part-time Early Morning Care (1-3 days/week)** $540/yr. or $60/mo. (Aug.-April)
Monday Tuesday Wednesday Thursday Friday

Child's Name_____Rising Grade____ Any Allergies?_____

Child's Name_____Rising Grade____ Any Allergies?_____

Child's Name_____Rising Grade____ Any Allergies?_____

Home Address _____ City_____ Zip_____

Home Phone _____

Parent's Names _____

Work Phone: Mom _____ Dad _____

Cell Phone: Mom _____ Dad _____

Person's name to appear on bill _____

Emergency Contacts (other than parents):

1. Name _____ Day Phone _____
2. Name _____ Day Phone _____

Persons other than parents who have permission to pick up my child:

1. Name _____ Relationship _____
2. Name _____ Relationship _____

From 'Policies and Procedures' Form:
Invoicing will be based on the contract you select and payment will be due in advance on the 25th of each month. Example: Payment for September use will be due August 25th. If payment is not received by the 25th of the prior month, your child(ren) will not be able to participate in the program. Fees for the Early Morning Program should be made payable to The Franciscan School and the bottom of the check should be labeled Early Morning Care. **Past due accounts will incur a $10.00 late fee per month. Checks returned "NSF" will be assessed a $15.00 processing fee.**

_____ _____
Parent Signature **Date**
By signing this contract, I acknowledge that I have read and agree to the terms on the 'Policies and Procedures' form.

Please accompany $15.00 per child registration fee with registration.

For Office Use Only:
Date registration was paid_____ Ck.#_____ Rec'd____

Reg./Contract Due Date: Friday, June 10th **Rev.4/11**