



2026-2027 EXTENDED CARE REGISTRATION FORM

Complete one form for each child

Student Information

Last Name: _____

First Name: _____ Middle Name: _____

Street Address: _____ City: _____ Zip Code: _____

Grade for 2026-2027 (circle): ELC3 ELC4 K 1 2 3 4 5

Parent Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Enrollment Options and Monthly Rates:

Hours: 6:30am to start of school | School dismissal to 6pm (M-Th) and 5pm (Fri)

Please check the line for your selection. Non-Refundable registration fee: \$170 per student.

NOTE: No Morning Extended Care is available for students in the ELC.

_____ \$290 | Mornings Only
5 days/week

_____ \$200 | 2 Afternoons Per Week
Circle: M / Tu / W / Th / F

_____ \$350 | Afternoons Only
5 days/week

_____ \$360 | 3 Mornings and Afternoons Per Week
Circle: M / Tu / W / Th / F

_____ \$575 | Mornings and Afternoons
5 days/week

_____ \$270 | 3 Afternoons Per Week
Circle: M / Tu / W / Th / F

_____ \$270 | 2 Mornings and Afternoons Per Week
Circle: M / Tu / W / Th / F

All fees will be charged to your Finalsight account

SAINT PATRICK
CATHOLIC SCHOOL



Acknowledgments:

I acknowledge that a non-refundable \$170 registration fee will be charged to my Finalsite account.

I acknowledge that no discount is offered for multiple children.

I acknowledge that a separate enrollment form must be completed for each child.

I acknowledge that changes to enrollment days are dependent on available space and must be discussed with the director.

I acknowledge that I agree to the daily and hourly frames for the above-listed student. I also acknowledge that I understand the rates at which I am charged and agree to pay the regular monthly billing rate and the non-refundable registration fee.

I acknowledge that it is my responsibility to communicate any changes I may need clearly throughout the year.

Print Name: _____

Signature: _____ Date: _____

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