



CORPUS CHRISTI SCHOOL

Extended Day Registration Form SY2014-15

K-8th Grade

\$30 Registration Fee- by Check

Start date _____ CCE Campus OR ECC Campus

STUDENT INFORMATION (Please Print)

Name	Date of Birth	Grade
Address		
Parent email for communication:		

PARENT/GUARDIAN INFORMATION (Please Print)

Father's Name:	Father's Work Phone:
	Cell Phone:
Mother's Name:	Mother's Work Phone:
	Cell Phone:
Home Address:	Home Phone:
(If different from above)	
Parent email for communication:	

Please indicate session(s) student will attend:

\$30 registration fee must be paid by check.

# of Student	One day	Two days	Three days	Four days	Five days
	Month	Month	Month	Month	Month
One	\$60.00	\$120.00	\$180.00	\$240.00	\$300.00
Two	\$90.00	\$180.00	\$270.00	\$360.00	\$450.00
Three	\$110.00	\$220.00	\$330.00	\$440.00	\$550.00
Four	\$130.00	\$260.00	\$390.00	\$520.00	\$650.00
Five	free	free	free	free	free
Early Dismissal/ Teacher Work Day	\$300 / 1 Student \$500 / 2 Students \$700 / 3 Students				Coupons \$8 1/ Student Coupons \$11 2/ Students Coupons \$13 3/Students

***Families who pay the five day plan, plus teacher workday, will pay half-price for Christmas and Easter Camp.**

Extended Day Policy

1. All Extended Day forms **must** be turned in to the campus your student(s) will be attending before August 20, 2014 if you plan on using Extended Day.
2. Choose one of the plans above to enroll in Corpus Christi Extended Day.
3. Parents are expected to pay their Extended Day fees monthly with tuition through the FACTS tuition management service or pay in full.
4. Coupons may be used for drop-in purposes only.
5. Drop-in payment must be made through the purchase of coupons which are available only at the finance office during regularly scheduled hours. Extended Day staff will **not** collect Extended Day fees.
6. Extended day services may be used without notice in the event of emergencies only.

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7. Christmas and Easter camps will be half price for everyone enrolled in the five day and early dismissal / teacher workday plan.

Person(s) or Agency Having Legal /Custody of Student

Name:	Work Phone:
Home Phone:	Cell Phone:
Address:	

Name of siblings living at home

Name:	Age:	School Attending:
Name:	Age:	School Attending:

Allergies or intolerance to food, medication, etc.

Allergy reaction:	
Action to be taken:	
If action to be taken requires medication, please provide the medicine to the Extended Director for storage.	
Student's Physician Name	Phone number

**EMERGENCY CONTACTS (if parents or guardian are not available)
PLEASE FILL IN ALL INFORMATION COMPLETELY**

Name:	Work Phone Number	Cell Phone Number
Address		
Name:		
Address		

Person(s) authorized to sign student out from Extended Day (Identification required)

Person(s) NOT authorized to sign student out from Extended Day.

APPROPRIATE PAPERWORK SUCH AS CUSTODY PAPERS SHALL BE ATTACHED IF PARENT IS NOT ALLOWED TO PICK UP A STUDENT. (PLEASE INCLUDE A PHOTOGRAPH IF AVAILABLE)

Student's Special Needs (if any) _____
Does student require daily medication? Please check one Yes No _____
Does student have a medical condition we should know about? Yes No _____

The Corpus Christi School Extended Day Program agrees to notify the parent/guardian whenever the student becomes ill and the parent agrees to pick up the student up within one hour. The parent/guardian authorizes Extended Day to obtain immediate medical care if any emergency occurs when parent guardian cannot be located immediately.

Signature of Parent(s)/Guardian _____
Date

(All information requested on registration is required by the Department of Social Services under the 22 VAC 15-3-80. Code)

Revised 8/8/13

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