



SERAPHS
ST. MADELEINE SOPHIE

SMS EXTENDED SCHOOL PROGRAM
Registration 2018-2019

Please register my child(ren) for the 2018-19 Extended School Program.
I'm enclosing the \$100 registration fee with this form.

Student Name: _____

Student Name: _____

Student Name: _____

Parent Phone Number: _____

Parent E-mail: _____

The annual fee can be paid over 10 months, beginning September 2018 and ending June 2019. The monthly payment is listed below.

Please check any that apply.

	\$135	Mornings only	Only payment option
	\$300	Afternoons only	Full time (4 or 5 days)
	\$420	Combined AM/PM	Full time
	\$225	Afternoons only	3 days a week
	\$150	Afternoons only	2 days a week
	\$100	Afternoons only	1 day a week

Please check one:

- Please apply to my FACTS account.
- I agree to submit payment directly to the School Office NO LATER than the 15th of each month. LATE charges will be added for payment received after the 15th.

Parent Signature: _____ Date: _____

PLEASE RETURN THIS SHEET TO THE OFFICE BY FRIDAY, JUNE 8, 2018.