



**SERAPHS**  
ST. MADELEINE SOPHIE

**SMS EXTENDED SCHOOL PROGRAM**  
**Registration 2019-20**

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Please register my child(ren) for the 2019-20 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** is paid over 10 months, beginning September 2019 and ending June 2019.  
The **monthly payment** options are listed below.

*Please check any that apply.*

<input type="checkbox"/>	\$150	<b>Mornings only</b>	<i>Only payment option</i>
<input type="checkbox"/>	\$325	<b>Afternoons only</b>	<i>Full-time (4 or 5 days)</i>
<input type="checkbox"/>	\$450	<b>Combined AM/PM</b>	<i>Full-time</i>
<input type="checkbox"/>	\$275	<b>Afternoons only</b>	<i>3 days a week</i>
<input type="checkbox"/>	\$200	<b>Afternoons only</b>	<i>2 days a week</i>
<input type="checkbox"/>	\$150	<b>Afternoons only</b>	<i>1 day a week</i>

By signing below, I understand these charges will be added to my FACTS account.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS SHEET TO THE OFFICE BY FRIDAY, JUNE 14, 2019.**