

# St. Matthew Care Summer Registration

Family Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child/Children's Name	Age	Grade in Fall	T-Shirt Size
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Choose an Option:

<input type="checkbox"/> <b>Full Time (4 – 5 Full Days)</b>	<input type="checkbox"/> <b>Part Time (3 or less Full Days)</b>
Tuition = \$116.25/week	Tuition = \$83.75/week
Activity Fee = \$25.00/month	Activity Fee = \$25.00/month

Circle Days Needed: M      T      W      Th      F

Hours Needed: \_\_\_\_\_

I agree to pay \_\_\_\_\_ per week this summer. No adjustments in fees will be made for vacations, sick, or cold lunches. I also understand that the additional activity fee each month will pay for field trips and transportation for that month. Activity Fees are due the first of the month and tuition is due the Monday of that week. A late fee will be applied for payments that are not received by 6:30 am Tuesday morning.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For office use only:

Fee Paid       File Exists at Care       New File Needed

Check Number       Date Paid