



HOLY FAMILY CATHOLIC SCHOOL AND ECC
EXTENDED DAY PROGRAM – 2011-2012
PreK3 through Grade 8

Emergency Information Form must be filled out and sent with the registration fee.

Registration Fee: \$15 per child (non-refundable)
Payment is based on 36 weeks of school =180 days.

MONTHLY RATE: (August through May)
\$176 for one child
\$248 for two children
\$348 for three children
\$459 for four children

WEEKLY RATE: **The weekly rate will not be reduced for absences.**
\$52 for one child
\$80 for two children
\$102 for three children
\$133 for four children

DAILY RATE: (Paid on the day the child is in extended day)
\$12 for one child
\$18 for two children
\$ 22 for three children
\$ 28 for four children

NOON DISMISSAL DAYS: \$16 per day - Students need to bring a lunch.

Dismissal – 6:00PM – A \$1 per minute is charged for each minute after 6:00 p.m

*******A late fee of \$5 is charged if not paid by the 10th of each month.**

**** Please remember to update your information if it changes**

Contact Information for Extended Day
Mrs. Teresa Kocer, Director
727-526-8194 ext 34
727-527-6567 Fax Number
727-458-6055 Mrs. Teresa's cell
tkocer@holyfamilycatholicschool.com



Holy Family Extended Program Emergency Form 2011-2012

Name of Student: _____ Grade: ___ Date of Birth: _____

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Parent Names _____

Address: _____ City: _____ State: _____ Zip _____

Mom Work # : _____ Mom Cell #: _____ Home#: _____

Dad Work # : _____ Dad Cell #: _____ Home#: _____

Step Parent Name: _____

Step Parent Work # : _____ Step Parent Cell #: _____

1. Emergency Contact Name: _____ Relation: _____

Emergency Contact Work #: _____ Emergency Contact Cell # _____

2. Emergency Contact Name: _____ Relation: _____

Emergency Contact Work #: _____ Emergency Contact Cell # _____

Hospital Preference: _____ Phone #: _____

Physician Name: _____ Phone #: _____

Medications: _____

Allergies/ other Health problems: _____

Parents Email: _____

Signature of Parents/Guardians: _____

**** Please returned completed form to: Attn: Mrs. Teresa Kocer, Extended Day**

Office Use Only:

Date: _____ Registration Fee: _____ Check# _____ Cash _____