



**HOLY FAMILY CATHOLIC SCHOOL**  
**MORNING CARE / EXTENDED DAY PROGRAM**

**Before Care:**

Drop off as early as 6:30 am (August-May)

Breakfast served

Price per student is \$5.00 per day

**Extended Day:**

Registration Fee: \$18 per child (non-refundable)

Payment is based on 36 weeks of school =180 days.

**MONTHLY RATE:** (August through May)

\$195 for one child

\$274 for two children

\$384 for three children

\$506 for four children

**WEEKLY RATE:** The weekly rate will not be reduced for absences.

\$57 for one child

\$88 for two children

\$114 for three children

\$148 for four children

**DAILY RATE:** (Paid on the day the child is in extended day)

\$14 for one child

\$19 for two children

\$ 25 for three children

\$ 31 for four children

**NOON DISMISSAL DAYS:** \$18 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.

**Contact Information:**

**Ms. Karston Coar – Director**

**727-318-2941 Before Care /Extended Day**

**School Office – 727-526-8194**

**727-527-6567- Fax Number**

**[ecoar@holyfamilycatholicschool.com](mailto:ecoar@holyfamilycatholicschool.com)**



# Holy Family Extended Day Program Emergency Form 2018-2019

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: \_\_\_\_\_

Office Use Only:

Date: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_