



**SAINT PIUS X SCHOOL
EXTENDED DAY PROGRAM
2010-2011**

**After School Care
(3:00-6:00 pm)**

Full-time Attendee: Student who uses after school care five days per week.

Monthly Payment:

1 child \$150.00 2 children \$260.00 3 children \$360.00

FOR ALL FULL-TIME ATTENDEES: Please return enclosed bank draft authorization form by August 21, 2009. This is the **only** method of payment accepted for full-time attendees.

Part-time Attendee: Student who uses after school care a few regularly scheduled days per week or on a drop-in basis.

Daily Rate: \$10.00 per child

Monthly statements sent at the end of each month. LATE FEE OF \$5.00 MUST BE ADDED TO PAYMENT AFTER THE 15TH OF THE MONTH.

Early Dismissal Days

Full-time After School Care Attendee: No extra charge

Daily Rate for Part-Time After School Care Attendee: \$15.00 per child

**Before School Care
(7:00-8:00 am)**

Full-time Attendee: Student who uses before school care every morning every day.

Monthly Payment:

First Child \$40.00 per month (Sept.- May)
Additional Children (per child) \$30.00 per month (Sept.- May)

FOR ALL FULL-TIME ATTENDEES: Please return enclosed bank draft authorization form by August 20, 2010. This is the **only** method of payment accepted for full-time attendees.

Part-time Attendee: Student who use our before school care only a few days per week or on a drop-in basis.

Daily Rate: \$5.00 per child

Monthly statements sent at the end of each month. LATE FEE OF \$5.00 MUST BE ADDED TO PAYMENT AFTER THE 15TH OF THE MONTH.



SAINT PIUS X SCHOOL
Extended Day Program Registration Form
2010-2011

_____ Before School Care

_____ After School Care

- In black/blue ink, please type or print all information below (except parent signature).
- Attach check or money order for \$15.00 registration fee (per family).
- ***For All Full-Time Attendees(new and returning students): Please return enclosed bank draft authorization form by August 20, 2010. This is the only method of payment accepted for full-time attendees.***

Student's Name

Date of Birth

Homeroom

Student's Address

City

Zip

Mother: _____ Home Phone: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Father: _____ Home Phone: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Additional Contact

Person: _____ Phone: _____

Cell Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

Insurance Company: _____ Policy # _____

Indicate any known fears, allergies, medication, etc., that the staff should know; list by child:

(Continued on reverse side)

Before School Care: Please Check: Full-Time: _____ (5 days per week)
Part-Time: _____

After School Care: Please Check: Full-Time: _____ (Monthly Payment)
Part-Time: _____ (Daily Payment)

Please indicate if your child will attend the Extended Day Program during the first week of school: _____ Yes _____ No

Please list names of other people who have your permission to pick up your child/ren:

I give my permission for my child/ren, in case of an emergency, to be taken to a physician or hospital by either school personnel or an assigned representative. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the person in charge to hospitalize and secure proper treatment (including surgery) for my son/daughter. I am the responsible party for hospitalization payment.

Parent Signature: _____ **Date:** _____

Please mail the Registration Form, Bank Draft Form (full-time attendees) and fee to:
St. Pius X School, 2200 N. Elm Street, Greensboro, NC 27408, by August 20, 2010.

**Automatic-Draft Sign Up for
Saint Pius X School
EXTENDED DAY PROGRAM**

2010-2011

Payments for full-time Extended Day Program attendees (before and/or after school) are only taken via the bank draft. Your monthly payment will be deducted from your checking or savings account.

Under the Electronic Funds Transfer program, you will no longer have to write a check and make sure it gets to the school on time. There is no extra charge to you when you enroll in this program. Please complete the Bank Draft Authorization Contract on the back of this page and return it with a voided check to the school office.

The fund transfer will occur on the 15th of each month (September through May) or the next business day if the 15th is not a workday. If there is not enough money to cover the transfer, it will be treated the same as a check returned for insufficient funds. Accordingly, the funds will not be transferred from your account and you will be required to send in a check for that payment along with the \$30 NSF fee. The school business manager must receive this payment by the 30th of the month or a late fee of \$25 will be assessed.

Please feel free to call Julie Wise, Business Manager, if you have any questions.

See other side for Bank Draft Authorization Contract

Bank Draft Authorization Contract for Extended Day Program

Name of Payer _____
Last First MI

Address _____
City _____ State _____ Zip Code _____

Area Code and Telephone _____

Financial Institution

Name of Institution _____

Street Address City State Zip Code

Attach a voided check/savings withdrawal slip for the account (required for verification by financial institution)

I (we) authorize Wachovia Bank of N.C., as agent for St. Pius X School, to initiate debits to my (our) checking/savings account as indicated in the 2010/11 Extended Day Program schedule. These debits will be made monthly on the 15th of the month beginning in September and drafting until May. The fees for the Extended Day Program will change annually. I understand that my draft will change accordingly each year and a new draft form will need to be signed. I will notify the school in writing if I wish to cancel this contract.

Total amount of monthly draft: \$ _____ Extended Day Program

Signed _____
(Parent or person responsible for payment) (Date)