

For Students Ages 6 and up, if not 6 by Sep 1, 2020, Use other form

Child's Name: _____ Age (by 9/1/20): _____ Date of Birth: _____

Current School: _____ Circle Current Grade: PK5 KG 1 2 3 4 5 6

ENROLLMENT: Complete this Registration Form and email to MClaussen@ogknights.org, or turn in to your school administrative

assistant by March 23, 2020. A separate Registration Form must be completed for each student in a family. **Student is not considered enrolled until Registration Form is received and the \$65 non-refundable registration/activity fee per child is paid.**

Complete the Bus Registration Form if desired. (Field trips are typically on Tues and Thurs.)

DIRECTIONS: 1. Indicate method of payment of \$65 non-refundable Registration/Activity Fee per child

2. Check attendance weeks, circle the full days and/or the half days attending in each week, enter weekly amount due

\$65 Registration Fee Select Payment Method: <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Bill TADS Account	Full Day Rates 7am-6 pm Cost Per Week 4-5 Days \$ 155.00 3 Days \$ 115.00 1-2 Days \$ 85.00		Mornings 7:00-12:30 Includes Lunch Cost Per Half Day \$26.00	Summer Care location is Holy Spirit School
			Afternoons 12:30-6:00 No Lunch Cost Per Half Day \$22.00	

<input checked="" type="checkbox"/>	Week No. & Dates	Circle Full Days Attending	Circle each half day attending	Total/Wk	Pmt Due Date
	1 (May 26–May 29) *	T W R F	AM PM T W R F	\$	May 20th
	2 (June 1–June 5)	M T W R F	AM PM M T W R F	\$	May 20th

<input checked="" type="checkbox"/>	Week No. & Dates	Circle Full Days Attending	Circle each half day attending	Total/Wk	Pmt Due Date
	3 (June 8–June 12)	M T W R F	AM PM M T W R F	\$	June 1st
	4 (June 15–June 19)	M T W R F	AM PM M T W R F	\$	June 1st

<input checked="" type="checkbox"/>	Week No. & Dates	Circle Full Days Attending	Circle each half day attending	Total/Wk	Pmt Due Date
	5 (June 22–June 26)	M T W R F	AM PM M T W R F	\$	June 15th
	6 (June 29–July 2)*	M T W R	AM PM M T W R	\$	June 15th

<input checked="" type="checkbox"/>	Week No. & Dates	Circle Full Days Attending	Circle each half day attending	Total/Wk	Pmt Due Date
	7 (July 6–July 10)	M T W R F	AM PM M T W R F	\$	July 1st
	8 (July 13–July 17)	M T W R F	AM PM M T W R F	\$	July 1st

<input checked="" type="checkbox"/>	Week No. & Dates	Circle Full Days Attending	Circle each half day attending	Total/Wk	Pmt Due Date
	9 (July 20–July 24)	M T W R F	AM PM M T W R F	\$	July 15th
	10 (July 27–July 31)	M T W R F	AM PM M T W R F	\$	July 15th

<input checked="" type="checkbox"/>	Week No. & Dates	Circle Full Days Attending	Circle each half day attending	Total/Wk	Pmt Due Date
	11 (Aug 3–Aug 7)	M T W R F	AM PM M T W R F	\$	July 25th

There is NO SUMMER CARE scheduled for Mon, May 25th, Memorial Day, Fri, Jul 3rd for Independence Day, or the week of Aug 10th–14th

BILLING AND PROGRAM NOTES:

- * All 2019-2020 school year tuition must be paid in full prior to attendance in the Summer Care Program.
- * Summer Care fees are payable by ACH or credit card. If you do not currently have a TADS account set up with automatic payments for the 2020-2021 school year you will be contacted with instructions. All families must have automatic payment information on file.
- * Full Day and Morning options include lunch. (No fast food lunches or delivered meals.) Morning and afternoon snacks are included.
- * Half day cut offs are strictly at 12:30 pm, if your child needs to stay later or come earlier, select the full day option.
- * There is a \$1 per minute/per child late fee for children who are picked up after the 6:00 p.m. closing time.
- * City pool swimming passes are required for any child wishing to participate in Summer Care swimming activities.
- * Special activities may require fees (calendars will reflect activities/cost/permission, etc.).
- * ALL STUDENTS ATTENDING THE SUMMER CARE PROGRAM MUST BE FULLY POTTY-TRAINED!

REFUND POLICY:

- * Schedule changes will be accepted only if notification is made in writing 15 days prior to the payment due date. Requests must be made in writing to JGaspar@ogknights.org. Please also notify Mary Lou Claussen (mclaussen@ogknights.org) of any absences.

No Refunds will be issued for any requests that do not follow these guidelines.

PARENT/GUARDIAN SIGNATURE REQUIRED: _____ DATE _____

PRINTED NAME: _____ EMAIL _____ PHONE _____

(Date Received _____ Check # _____)

