

## Cardinal Hickey Academy—Educare Registration (2009-2010)

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Home Info: Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mother's Info: Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Full-Time Attending Program</b>					
FULL TIME	MON	TUE	WED	THUR	FRI
Please <u>check</u> days below to reserve your child's attendance at each session.					
AM SESSION					
PM SESSION					
Payment will be expected <i>regardless of attendance.</i>					
FULL TIME	5 day	4 day	3 day	2 day	1 day
AM/Month	<b>\$158</b>	<b>\$126</b>	<b>\$100</b>	<b>\$ 76</b>	<b>\$ 40</b>
PM/Month	<b>\$195</b>	<b>\$ 155</b>	<b>\$ 118</b>	<b>\$ 80</b>	<b>\$45</b>

<b>Part-Time Attending Program</b>			
<b>A 24-hr notice of attendance is required to ensure the proper amount of care at each session.</b>			
Random Days as needed	12:30 Dismissals	2:30 Dismissals	3:30 Dismissals
Please <u>check</u> days below to reserve your child's attendance at each session.			
	<b>\$20/day</b>	<b>\$15/day</b>	<b>\$15/day</b>

Paid Registration (\$25.00 per child) is due by August 10th in order to guarantee a position for your child/children in the Educare Center; ALL students must be have paid registration to enter the Center.

Please make all checks payable to *Cardinal Hickey Academy*.

*In registering my child in the Cardinal Hickey Academy Educare Center, I agree to be bound by the policies stated in the Educare Center Handbook.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date