

**Stay Discover Grow Wrap Around Registration 2016-2017  
St. Joseph School**

*For Office Use Only:*

Date Received: \_\_\_\_\_

The financially responsible parent/legal guardian must complete the registration information below and submit it with a **\$50 registration fee per family. PLEASE PRINT**

Make checks payable to "St. Joseph School". Registration fees are nonrefundable.

**FAMILY NAME:** \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Understanding and Agreement:**

1. No registration will be accepted if there is a prior year SDG balance.
2. I have been provided a copy of the St. Joseph School "Stay Discover Grow Wrap Around Booklet" and understand its contents.
3. I understand the Stay Discover Grow Wrap Around Program will be billed weekly.
4. I agree to pay the weekly bills in a timely manner.
5. I agree to a \$35 late fee if bills are in arrears for more than 4 weeks.
6. I agree to a \$1.00 per minute per child charge if pick up is after 6 p.m.

**Please check when you plan to use the Stay Discover Grow Wrap Around program.**

\_\_\_\_\_ I plan to use the 7:30-8:30 a.m. SDG Program.

\_\_\_\_\_ I plan to use the afternoon SDG Program.

Please **print** the following information, **circle** a.m. and/or p.m., and be sure to check "Regular Basis or Per Note".

Child Name	Grade	M	T	W	TH	F	Estimate Pick Up Time	Regular Basis	Per Note
		a.m p.m	a.m p.m	a.m p.m	a.m p.m	a.m p.m			

**Parent/Legal Guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Received \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_