



St. Bernard's Catholic School  
117 Knight Ave North  
Thief River Falls, Minnesota 56701  
Phone (218) 681-1539  
<http://www.stbernardsschooltrf.org/>

**Registration for St. Bernard's**

**After School Care**

**2018-2019**

**Names of Students registering:**

**Days and times attending:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The cost for this program is \$40.00 per week for a full-time, five day a week more than 1 ¼ hours per day (beginning at 3:00 and picked up no later than 5:30). Cost is \$30.00 per week for a full-time, five day a week less than 1 ¼ hours per day (beginning at 3:00 and picked up before 4:15). These full-time fees will be paid each month for the above registered student(s) whether or not the student(s) is in attendance, unless the parent calls and permanently cancels their son's or daughter's spot (please call at least two weeks in advance to cancel).

For drop-in-care, the fee will be \$10 per child for the day, if there is space. For parents of drop-in-care students, please call in advance to let us know you need care, so that arrangements can be made to make sure that there is enough staff present.

Statements for payment of fees will be made monthly. Payment should be made to the school office within a month of the bill.

If parents are not going to be picking up the student(s), St. Bernard's School is authorized to release the above named student(s) to:

Name 1: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Name 3: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

I have read the above and agree to the terms and financial arrangements:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date