



Mary Queen of Peace  
Catholic School

21201 Church Ave - Rogers, MN  
55374

Phone: 763.428.2355  
www.mqpcatholicschool.org

### Extended Care Program Registration

Extended Care is open to Mary Queen of Peace school age children in Kindergarten through 8th grade.

**Daily Option** - *This option will reserve your child's place in the program for a specific day or days of the week. Please circle days reserving Extended Care spot.*

Option A	2:45-4:00	M	Tu	W	Th	F	\$10.50 per day
Option B	2:45-5:30	M	Tu	W	Th	F	\$17.50 per day

**Weekly Option** - *This option will reserve your child's place in the program for the full week. Please circle the appropriate option.*

Option C	2:45-4:00	\$180 per month— <i>for full 4 week month, or \$9.00 per day</i>
Option D	2:45-5:30	\$285 per month— <i>for full 4 week month or 14.25 per day</i>

**A late fee of \$10.00 will be applied for all families missing pickup time by 15 minutes or more or it is after 5:30 pm.**

**Special Programs: Students requiring care due to band or drama commitments will be charged \$5.00 per session. No registration fee is required.**

**PAYMENT IS EXPECTED ON THE FIRST WEDNESDAY OF EACH MONTH FOR THE ENTIRE MONTH. Payments are non-refundable.** A billing statement will be sent home the Thursday prior. Extended Care will be billed by the number of scheduled school days each month. If a student is absent from Extended Care on a scheduled day, payment is still required. If payment is not made by the first Wednesday, a late fee of \$10.00 will be applied. If payment is not made by the Friday following, your child will not be allowed to attend Extended Care until the month is paid for. Checks should be made payable to MQP and sent to the school office.

If there is a circumstance that does not allow you to pay for the entire month at one time, please contact Mrs. Meskill at 763-428-2355.

Student(s) Name	DOB	Grade
Address		
City	State	Zip Code
		Home Telephone

Mother's Name		
Work Phone	Home Phone	Cell Phone
Father's Name		
Work Phone	Home Phone	Cell Phone

Adults authorized for student pick up:	
1.	Phone:
2.	Phone:
3.	Phone:
Emergency Contact Person #1	
Phone Number:	Relationship
Emergency Contact Person #2	
Phone Number:	Relationship
Medical Information— <i>Are there any health concerns that we need to be aware of concerning your child?</i>	
<i>Attached is my nonrefundable fee of \$25</i>	
Signature of Parent	Date
Amount Paid	Check Number

**Please return this form to the school office before August 24th along with the registration fee.**

**Still have questions? Please contact Mrs. Meskill at 763-428-2355.**