

SAINT JOHN'S SCHOOL OF LITTLE CANADA  
Administrative Questions: call Mary Tyler 651-288-3223



EAGLE CLUB REGISTRATION FORM  
SCHOOL YEAR 2012-2013

Child's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ DOB \_\_\_\_\_ Grade in fall \_\_\_\_\_

Mother's name \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Father's name \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Person(s) responsible for payment \_\_\_\_\_

Please list anyone who **DOES HAVE** permission to drop off/pick up your child (ren) \_\_\_\_\_

Please list anyone who **DOES NOT** have permission to drop off/pick up your child (ren) \_\_\_\_\_

Please initial #1, #2, or #3 as it applies to you:

1. My child is currently enrolled in the Eagle Club program. \_\_\_\_\_
2. My child has been in the Eagle Club program in the past but is not currently enrolled. I have paid my nonrefundable \$25.00 returning fee (per family). \_\_\_\_\_
3. My child has never been in the Eagle Club program before. I have paid my nonrefundable \$50.00 registration fee (per family). \_\_\_\_\_

Register for your blocks here: **\*\*ONLY NEED 8:00 – 8:30 AM \*\* \$5 per day: M T W TH F**

The fee for the Eagle Club is \$9.00 a block per child. The fee for drop off care is \$11.00 a block per child.

**\*\*Circle all blocks you need care for your child**

BLOCK 1	6:30AM-9:00AM	M	T	W	TH	F
BLOCK 3	11:30AM-school end	M	T	W	TH	F
BLOCK 4	School end- 6:00PM	M	T	W	TH	F

Start date \_\_\_\_\_ My monthly tuition is \$ \_\_\_\_\_ (4 week month)

**ONCE THIS FORM IS SIGNED AND TURNED IN, YOU ARE RESPONSIBLE FOR PAYMENT OF ALL BLOCKS REGISTERED FOR, REGARDLESS OF ATTENDANCE, HOLIDAYS, OR SCHOOL CLOSINGS. YOUR TUITION IS NOT EXEMPT FROM THESE DAYS.**

Children are expected to listen and follow the rules while at Eagle Club. If a discipline problem arises, the parents will be contacted. Together, we will find a solution. You may be called to remove your child if his/her behavior prevents the staff from being able to properly care for the children. If the problem continues, other arrangements for the care of the child will have to be made, for the safety and well being of all.

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

(On the reverse side please also sign that you have read & will abide by the information document)