



**St. Hedwig Extended School Day Program
Registration Form
2026-2027**

Please enroll the following students in Extended Day Care:

Name: _____ Grade in Fall: _____ Date of Birth: _____

Name: _____ Grade in Fall: _____ Date of Birth: _____

Name: _____ Grade in Fall: _____ Date of Birth: _____

Address: _____

Zip Code: _____ Home phone: _____

Mother Cell: _____ Father Cell: _____

Email: _____

Registration Fee: \$50 per family – Billed through FACTS

EXTENDED DAY CARE PLANS: Please check the days and times needed

Monday Tuesday Wednesday Thursday Friday

As needed, no payment plan

Monthly Daily Drop in

Before School Only:

(6:45 – 7:50 a.m.)

_____ 5 days a week \$160 \$10 each day per student

After School Only:

(2:45 – 6:00 p.m.)

_____ 5 days a week \$300 \$25 each day per student

_____ 4 days a week \$260

_____ 3 days a week \$215

_____ 2 days a week \$170

Family Agreement

To remain in the Extended Day Care Program, I agree to make timely payments of required fees and to adhere to the rules of the ESDP program.

Parent Signature

Date