



ST. SEBASTIAN

**PAL**

**Schedule Option Form**

Please complete one Schedule Option Form for **each** child enrolling and sign the bottom of the form.

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Home Phone (Mother):** \_\_\_\_\_

**Home Phone (Father):** \_\_\_\_\_

**Cell Phone (Mother):** \_\_\_\_\_

**Cell Phone (Father):** \_\_\_\_\_

**Work Phone (Mother):** \_\_\_\_\_

**Work Phone (Father):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Grade (as of 08/29/16)** \_\_\_\_\_

*Please check the days and type of care you will use.*

**School Age Children**

Day of Week	Before School	After School		
		Option One	Option Two	Option Three
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**Preschool and extended care**

Day of Week	Half Day Program Less Than 4 Hours	Full Day Program More Than 4 Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please check here if you will be using PAL services on a regular but varied schedule \_\_\_\_\_

Please check here if you will use PAL services on a drop in basis only \_\_\_\_\_

I have read and agree to abide by the *Fee Schedule* and the *Payment of Fees Policy*.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_