

St. Paul's Catholic School Extended Day Program Registration 2018-19

Monthly & Drop-in Extended Daycare Fees will be withdrawn directly from your FACTS account.

You must choose the **Monthly rate** or the **Drop-in rate**. You cannot switch between the two.

I choose the monthly rate: Yes No I choose the drop in rate: Yes No

Extended Day Care will not be available when students have a free day or holiday. Extended Day Care is available on early dismissal days.

Rates for Grades KP through 8th

If you are utilizing the Monthly rate, your first payment is due in August and it is not prorated.

2:30 pm to 6:00 pm

Monthly Rates: One child: \$240.00 Two children: \$350.00 Three children: \$400.00
Drop – in rate: \$7.00 per hour (or any portion thereof) per child after 2:40 p.m.

Rates for Prekindergarten-4

Pre-K4 Extended Day Supply Fee: \$200.00 per student (Yearly Fee). This fee is required by everyone who utilizes the PreK Extended Day Care Program.

If you are utilizing the Monthly rate, your first payment is due in Jul.

Monthly & Drop-in Extended Daycare Fees will be withdrawn directly from your FACTS account.

Monthly Rate: \$250.00 per student 8:00 to 11:30am or 11:30 am to 3:00 pm
Drop in Rate: \$7.00 per hour per child 8:00 am to 6:00 pm
Monthly Rates: One child: \$240.00 Two children: \$350.00 Three children: \$400.00 3:00pm to 6:00pm

It is important that you pick up your child NO LATER THAN 6:00 PM. LATE PICK-UPS WILL BE CHARGED \$1.00 PER MINUTE PER CHILD.

Parents Name: Mr.-Mrs.-Ms. _____

Mother's Employer _____ Cell# _____ Work# _____

Father's Employer _____ Cell# _____ Work# _____

Home Phone# _____

Child/ren lives with: Mother _____ Father _____ Both Parents _____ Other _____

1. **Child's Name** _____ Grade _____ Teacher _____

Please list any disabilities or allergies, which would limit your child from participating fully in the extended school care program: _____

Chronic illnesses: _____

List unusual habits, fear, and etc. _____

Medicines: _____

More information on back.

2. **Child's Name** _____ Grade _____ Teacher _____

Please list any disabilities or allergies, which would limit your child from participating fully in the extended school care program: _____

Chronic illnesses: _____

List unusual habits, fear, and etc. _____

Medicines: _____

3. **Child's Name** _____ Grade _____ Teacher _____

Please list any disabilities or allergies, which would limit your child from participating fully in the extended school care program: _____

Chronic illnesses: _____

List unusual habits, fear, and etc. _____

Medicines: _____

4. **Child's Name** _____ Grade _____ Teacher _____

Please list any disabilities or allergies, which would limit your child from participating fully in the extended school care program: _____

Chronic illnesses: _____

List unusual habits, fear, and etc. _____

Medicines: _____

Parents Signature: _____ Date: _____