

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Monthly & Drop-in Extended Daycare Fees will be withdrawn directly from your FACTS account.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 8<sup>th</sup>**

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Monthly & Drop-in Extended Daycare Fees will be withdrawn directly from your FACTS account.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

Persons permitted to be contacted and or remove child/ren other than parents. Please attach an additional sheet of paper for other names. **If student is going home with someone other than persons listed below a written note is required.**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_