SAINT BRIDGET SCHOOL
832 WORCESTER ROAD FRAMINGHAM, MA 01702
PHONE: (5080 875-0181 FAX: (508) 875-9552

Extended Day 2026-2027 Contract

Family Information

Parent Name: _____ **Relation: _____**

Billing Address: _____

Email: _____ **Phone: _____**

Student Information

Name: _____ **Grade: _____**

Name: _____ **Grade: _____**

Name: _____ **Grade: _____**

Schedule

4PM ***Monday*** ***Tuesday*** ***Wednesday*** ***Thursday*** ***Friday***

**By selecting the 4pm option, I acknowledge that I will be charged a $2.00/minute late fee if I pick up my child after 4:05 pm. After the third late pick up, I acknowledge that I will be charged the full 6pm rate for the remainder of the school year.*

6PM ***Monday*** ***Tuesday*** ***Wednesday*** ***Thursday*** ***Friday***

**By selecting the 6pm option, I acknowledge that I will be charged a $2.00/minute late fee if I pick up my child after 6:05 pm.*

Annual Rates

	5 Days	4 Days	3 Days	2 Days	1 Day
4PM	*$3,500*	*$2,800*	*$2,100*	*$1400*	*$700*
4PM Sibling	*$3,250*	*$2,600*	*$1,950*	*$1,300*	*$650*
6PM	*$7,000*	*$5,600*	*$4,200*	*$2,800*	*$1,400*
6PM Sibling	*$6,750*	*$5,400*	*$4,050*	*$2,700*	*$1,350*

Payment Method - FACTS

10 Installment (Monthly July - April)
Annual Payment (September)

Signature: _____ Date: _____

Registration Fee of $25 per student will be deducted from FACTS unless you provide a check.