

EXTENDED CARE OPTION

2023-2024

ST. CECILIA CATHOLIC SCHOOL

ONE PER FAMILY PLEASE PRINT

Family Information

Family Name: _____

_____	_____	_____	_____
Father's Name	Work Phone #	Cell Phone #	Email Address

_____	_____	_____	_____
Mother's Name	Work Phone #	Cell Phone #	Email Address

_____	_____	_____	_____
Address	City	Zip	Home Phone #

Student Information (Extended Care is available for Kindergarten4 - 8th grade only.)

Child's Name: _____	Grade: _____
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Child's Name: _____	Grade: _____
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Child's Name: _____	Grade: _____
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Child's Name: _____	Grade: _____
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Registration Fee \$30 per family by July 1, 2023; \$60 after July 1st

This fee is non-refundable and will be charged to any family who uses our program for any length of time.

Extended Care opens at 7:00am and closes at 6:00pm.

Please check the plan you will need (*Plans A, B & C are billed from September 2023 through June 2024*)

<u>PLAN:</u>	<u>RATE:</u>	<u>SCHEDULE:</u>
_____ A	\$350 per month per child	Full Time (5 days – mornings & afternoons)
_____ B	\$320 per month per child	Full Afternoon (5 days – afternoons only)
_____ C	\$200 per month per child	Full Morning (5 days – mornings only)
_____ D	\$ 20 per hour* per child	Drop In Rate (max 2 days per week)
_____ E	\$ 25 per hour* per child	Drop In Rate Non-Registered* (max 2 days per week)

*The first hour is billed when a child has been signed into Extended Care for 15 minutes.
Additional hours are billed 15 minutes into the subsequent hour.

*This rate will be billed until the registration fee is paid.

Late fee is \$25.00 per child from 6:00-6:15pm. After 6:15pm the late fee is \$30.00 per child billed every 15 minutes.

Please note: An Extended Care payment plan must be selected at the time of registration. Parents will be billed according to the plan selected. **Parents may change plan options once in an academic year.** Change requests must be made in writing and directed to the Extended Care Director. The plan change will take effect two weeks after the written request is received by the Extended Care.

Parent Signature _____ Date _____