

Full Time Extended Day Financial Agreement

Extended Day is provided each school day, including early dismissal days. Our hours are from 3:00 p.m.-5:30 p.m. **There will be a \$1 per minute per child late fee assessed if a child is picked up after 5:30 p.m.; this is due at the time of pick up. Repeated late pickup may result in dismissal from the Program.** The Program offers homework time, inside and outside activities. Children staying will need an additional snack and drink.

Our registration fee is \$30 per family. This fee (non-refundable) and the first month's tuition is due before the child can attend the Program.

Payment Policy:

1. Payments must be paid by **CASH** or check (this is a separate payment, do not include it in Tuition), due by the 1st of the month or late after the 5th.
2. A \$25.00 late fee will be applied if payment isn't made by the 5th.
- 3. Repeated late payments may result in dismissal from the Program.**
4. Make all checks payable to **St. Patrick Catholic School**
5. Student Registration may not be changed from Full-time to Drop-in during the Month. The change must go into effect on the first of each month and requires a one month written notice.

Full Time Rates:

1 child- \$125.00 per month

2 children- \$200.00 per month

(Each additional child will be an additional \$75.00 a month)

___ Yes, I would like to enroll my child/children as a **full time** student in the Extended Day Program beginning in the fall.

(Please Print)

First Child's Name: _____ Grade _____

Second Child's Name: _____ Grade _____

By the signature below, I agree that it is my responsibility to pay the customary fees by the dates mentioned above.

Please fill out the attached form for authorized pick up persons and emergency numbers.

Parent Signature _____ Date _____

OVER

DROP IN

Extended Day Financial Agreement

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There is no registration fee for drop-ins. Please notify the office by note or phone on the day you wish your child to stay in Extended Day.

Payment Policy:

1. Payments must be paid by **CASH** or check on the day the student attends.
2. **Repeated late payments may result in dismissal from the Program.**
3. Make all checks payable to **St. Patrick Catholic School**
4. Student(s) may enroll (Full Time) in the Program at any time in the year.

Regular School Day Fees: \$10.00 per child

Early Dismissal Day Fees: \$15.00 per child

___ Yes, I would like to enroll my child/children as a **drop-in** student in the Extended Day Program.

(Please Print)

First Child's Name: _____ Grade _____

Second Child's Name: _____ Grade _____

By the signature below, I agree that it is my responsibility to pay the customary fees on the day my child attends.

Please fill out the attached form for authorized pick up persons and emergency numbers.

Parent Signature _____

Date _____

OVER