

STA PARISH SCHOOL

AFTER CARE PROGRAM REGISTRATION 2019 - 2020

Name _____ Birthdate _____ Grade _____ Gender _____
 Name _____ Birthdate _____ Grade _____ Gender _____
 Name _____ Birthdate _____ Grade _____ Gender _____
 Name _____ Birthdate _____ Grade _____ Gender _____

Full Name of Mother: _____ Full Name of Father: _____
 Home Address: _____ Home Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email: _____ Email: _____

****PLEASE TAKE NOTICE OF THE NEW PRICING STRUCTURE & CHANGES TO THE AGREEMENT STATEMENT!****
The new hourly rate will be charged by half hour blocks: 25 minutes = 1/2 hour, 35 minutes = 1 hour.

FOR STAFF SCHEDULING PURPOSES, PLEASE CIRCLE THE DAYS YOU NEED CARE:

After School (\$4.50/hr) 3:00 pm – 6:00 pm M T W Th F

****FOR PRESCHOOLERS ONLY:** PEEPS (\$18.00/day) 11 am – 3 pm M T W Th F

LUNCH BUNCH (\$4.50/hr) 11am-12n M T W Th F

A \$35 per family per year equipment and registration fee is due upon registering.

I will make monthly payments via (check one) _____ check/cash _____ ACH

In return for services rendered on the above weekly schedule, I as a parent of _____, agree to childcare payments according to the procedure, policies, and conditions set forth in the STA Parish School Before and After Agreement Statement. I have read the guidelines, understand them, and agree to abide by all the policies, procedures, and conditions outlined.

Date: _____ Parent/Guardian Signature: _____

OFFICE USE ONLY:

Date received: _____ Reg/Equpt Fee: \$ _____ Ck/Cash: _____ AgrmtSigned: _____ To Prnt _____

**St. Thomas Aquinas Parish School ChildCare Programs
Agreement Statement**

I understand and agree to the following:

1. A non-refundable Registration and Equipment Fee (an annual fee) \$35 per family due at the time of enrollment.
2. I will be billed an hourly rate that is calculated in half hour blocks:
25 minutes = 1/2 hour, 35 minutes = one hour. This rate applies equally to all services and number of children enrolled.
3. Child Care fees are due by the 25th of the month following the billing period.
4. Late Payment Fees: payment not received by the 15th day after the due date may be assessed a \$15.00 late fee.
5. If by the 15th day after the due date I have not made my payment, my child may be dismissed from the program unless I have made special payment arrangements with the Director and signed a contract.
6. Any check returned to S.T.A. due to non-sufficient funds will be assessed a \$10.00 fee. Subsequent payment from the family must be made by certified check or money order.
7. Late Pick Up Penalty – if a child is picked up late, I will be billed for the next half hour block(s) and a late fee of \$20.00 may be assessed per occurrence.
8. Please make checks payable to St. Thomas Aquinas – CDC. Payments may be made in person to the School office or by mail to :
St. Thomas Aquinas Extended Care, 915 Alton Road, East Lansing, MI 48823
9. I will notify the center in writing (or by email) two (2) weeks in advance concerning the withdrawal of my child from the Center. The two (2) weeks will start upon receipt of the written notice by the Extended Care or School office.
10. It is the policy of St. Thomas Aquinas Parish that all accounts (child care, school tuition) must be paid in full or current, prior to the mailing of the Extended Care and S.T.A. School registration packets.
11. In case of injury, my insurance/medical coverage will cover the emergency medical fee.
12. Each day my child(ren) must be signed in and out. If my child is absent, I will notify the center. My child will not attend the center when he/she is ill. If my child becomes ill while attending the center, I will pick up him/her in a reasonable amount of time.
13. If an alternate person is to pick up my child, I will notify the center in writing.
14. The Director reserves the right to determine a child's readiness for participation in any Extended Care program. A determination will be made within one (1) month of entrance into the program.
15. My child may lose his/her position in the program if we cannot meet the developmental needs of the child.

Parent signature

Date