



St. Hubert Catholic School

255 Flagstaff Ln, Hoffman Estates, IL 60169

Phone: 847.885.7702 Fax: 847.885.0604

Mrs. Julie Martin, Principal

Mrs. Stephanie Cilek, Assistant Principal

office@sthubertschool.org

www.sthubertschool.org



Dear Parents,

Our Extended Care Program is a very important component for many of our students. The after-school care program is open to students in all-day preschool through 8th grade. This program is only available to our St. Hubert School families.

If you are interested in enrolling your child(ren) in this program for the 2021-22 school year, please complete and sign the attached, fillable PDF registration form along with the \$60 registration fee by August 16, 2021 (first day of school).

If you have any questions, please contact Mrs. Cindy Helm, our Extended-Time Coordinator at chelm@sthubertschool.org.

Sincerely,

Mrs. Julie Martin
Principal

Impacting the World Through Christ

Compassion ~ Service ~ Perseverance

ST. HUBERT SCHOOL

EXTENDED CARE REGISTRATION FORM

For School Year 2021-22

This program will be in operation every day that school is in session for a full day.

On early dismissal days (10:30 am), only before-school care is available.

BEFORE & AFTER-SCHOOL CARE		
Registration Fee	\$60	Per Family (paid annually)
Before-School Fee	\$10 per day	Available 6:30 am to 7:45 am (K thru 8 th until 7:20am)
After-School Fee	\$20 per day	Available 1:45 pm to 6 pm
Late Pick-up Fee	\$10	From 6:00-6:15pm (afterward \$1 a minute)
Payment Late Fee	\$5	Payments due every week on Thursdays
Returned Check Fee	\$20	

Will accept cash or checks made payable to St. Hubert School

CHILD'S NAME	M/F	Date of Birth	Grade	# of Days Needed

MOTHER , STEP-MOTHER , GUARDIAN INFORMATION (check appropriate box)

NAME _____ Address _____

Cell Ph # _____ E-Mail _____

Employer's Name _____ Work Ph # _____

FATHER , STEP-FATHER , GUARDIAN INFORMATION (check appropriate box)

NAME _____ Address _____

Cell Ph # _____ E-Mail _____

Employer's Name _____ Work Ph # _____

In case of an emergency, the following has my permission to pick up my child(ren):

Name _____ Cell # _____ Relationship _____

Name _____ Cell # _____ Relationship _____

PARENT SIGNATURE _____ DATE _____

CASH PAID _____ CHECK AMOUNT _____ CHECK # _____ Date Payment Rec'd _____