


Enter to Learn. Leave to Serve

**EXTENDED DAY
ENROLLMENT AGREEMENT**

Child's Name: _____ Grade: _____

Enrollment Program

Please check the program(s) for which you wish to enroll your child and circle the day(s) on which he/she will attend.

_____ Before School Care 6:30-7:50 AM M T W Th F

_____ After School Care 2:30-5:45 PM M T W Th F

What is the approximate pick-up time for your child? _____

_____ My child will use the program on an occasional basis. I will give a two-day notice of day and time.

Calculation of Fees

Hourly fees will be calculated by the half hour. You will be charged for a half hour for any part of the half hour that your child is present.

The parent is contracting for childcare for the time period arranged.

NO REFUNDS OR ADJUSTMENTS OF ONE'S BILL WILL BE MADE FOR ONE OR TWO-DAY ABSENCES DUE TO ILLNESS OR OTHER REASONS. If adjustments of schedule are necessary, contact the coordinator in advance.

Late fee: There will be a late fee of \$5.00 per fifteen minutes or a portion thereof if picked up after 5:45 PM.

Payments

Fees must be paid weekly or bi-weekly IN ADVANCE. Payments are due on Monday morning. Fee envelopes will be sent home with your child on the Friday before. Non-payment of two weeks will be understood as withdrawal from the program.

If a check is returned for insufficient funds, there will be a \$30 processing fee in addition to the amount of the check. This must be paid before the child is permitted to continue attending the childcare program. If a check is returned a second time, all future payments must be made in cash.

Fees will be the sole support of the St. Mary Extended Day Program. The school or parish does not subsidize this program.

Registration

A \$15.00 per family non-refundable registration fee will be required of any family wishing to enroll children in the program whether on a daily basis or occasional basis. Advance registration and a two-day notice are required for occasional use.

Parent Signature

Date

ST. MARY SCHOOL

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EXTENDED DAY Parent Authorization

Child's Name _____ Birth date _____ Grade _____

Address _____ City _____ Zip _____

Phone _____

Custodial Parent (Please Circle) Mother Father Both Parents

Father's Name _____ CELL NUMBER _____

Place of Employment _____ Work Phone _____

Mother's Name _____ CELL NUMBER _____

Place of Employment _____ Work Phone _____

In case of accident or illness during Extended Day hours and you cannot be reached, whom shall we call?

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

The following persons have my authorization to pick up my child: (Driver's license will be used as identification for authorized pick up)

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

3. Name _____ Relationship _____

Phone _____

4. Name _____ Relationship _____

Phone _____

Please let us know BY PHONE or IN PERSON when anyone other than you will be picking up your child.

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EXTENDED DAY PAYMENT PLAN

Please check the payment plan/plans you will use.

- _____ Daily before school care 6:30-7:50 AM (No Hourly Rate) \$4.50 per day
- _____ Weekly before school (family in after school program) \$15.50 per week per family
- _____ Weekly before school (family not in after school program) \$18.50 per week per family
- _____ After school care weekly (2:30-5:45 PM) \$35.00 per week per child
- _____ Hourly first child (fill in times below) \$4.50 per hour
- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- _____ Hourly second child (fill in times below) \$4.00 per hour
- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- _____ Hourly third child (fill in times below if different than above) \$3.50 per hour

If you choose the weekly rate, there will be no allowances made for occasional absences or days when school is not in session (Presidents Day, etc.) The last two weeks of school will be free for families that used the program ALL YEAR paying the WEEKLY RATE.

Please indicate whether you will pay weekly or biweekly. Payments must be made IN ADVANCE.

_____ Weekly in advance

_____ Biweekly in advance

Please return Enrollment Agreement and Parent Authorization forms and the \$15.00 per family registration fee.

Parent Signature

Date