

EXTENDED CARE INFORMATION 2022-2023

For the convenience of our families, childcare is available most school days from 7:00am to 6:00pm. This program is available to currently enrolled St. Francis students in grades K-8.

St. Francis Extended Care is structured to provide a safe and caring environment for your child. The program includes snack time, quiet time for homework, organized arts and crafts, and playtime.

Registration per Family: \$ 60.00

Monthly/Full time rates (per child) 5 days a week:	
1 hour per day	\$ 80.00
1.5 hours per day	\$120.00
2 hours per day	\$160.00
2.5 hours per day	\$200.00
3 hours per day	\$240.00
Monthly/Part time rates (per child) 4 or less days a week:	\$5.25/hour
Hourly needs for part time must be specified in advance on r	everse side
Drop in rate (per child):	\$7.50/hour

If extended care hours need to change, contact Extended Care Director in advance to discuss a rate change.

EXTENDED CARE CONTRACT 2022-2023

Family Name		
(Last)		
Address (Street) (2	Home phone Zip)	
Mom (wk) (cell)		
Dad (wk) (cell)		
Name of Student	Grade	
	rst)	
	Grade	
(Last) (Fi	rst)	
	Grade	
(Last) (Fi	rst)	
HOURS OF EXTENDED DAY CARE NEEDED:		
DROP OFF TIME		
PICK UP TIME		
DAYS NEEDED (circle all days needed) MON TUES WED THURS FRI		
Payments:		
 paid at time of pick up. If your student(s) are no Payments are to be made on a monthly basis as All payments are due on the first of the month. 10th of the month. There is a \$25 fee for returned checks. After one order, certified check, BankCard or ATM. Students may be removed from extended care if an account becomes 30 days delinque if we experience excessive late pick ups I	per the policies of the St. Francis Extended Care Program. A late fee of \$25 may be added to payments made after the returned check, payment must be made by cash, money ent (please be mindful of the 6:00 PM closing time) do authorize St. Francis Extended Care to release ave checked with these people, and they have	
	Iren in the event that I am unable to pick them up.	
Signature	Signature	
1 Name & Relationship Phone or Cell Number	3 Name & Relationship Phone or Cell Number	

2. _____ Name & Relationship