EXTENDED CARE INFORMATION
2024-2025

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

AM Daycare	**$ 75.00**
After School until 4:00	**$150.00**
After School until 5:00	**$225.00**
After School until 6:00	**$300.00**

Monthly/Part-time rates (per child) 4 or less days a week: **$7.50/hour**
Hourly needs for part-time must be specified in advance on reverse side

Drop-in rate (per child):   **$10.00/hour**

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

Please complete information on back

EXTENDED CARE CONTRACT
2024-2025

Family Name _____
        (Last)   (First)

Address _____ Home phone_____
        (Street)   (Zip)

Mom (wk) _____ (cell) _____

Dad (wk) _____ (cell) _____

Name of Student(s)_____ Grade _____
        (Last)   (First)

_____ Grade _____
        (Last)   (First)

_____ Grade _____
        (Last)   (First)

HOURS OF EXTENDED DAY CARE NEEDED:

DROP OFF TIME   _____

PICK UP TIME   _____

DAYS NEEDED (circle all days needed)   MON   TUES   WED   THURS   FRI

Payments:

- ❑ *$60.00 registration fee per family*
- ❑ *A late fee of $2.00 per minute will be charged for each student not picked up by 6:00 PM; this fee is to be paid at time of pick up. If your student(s) are not clocked out, you will be billed until 6:00 p.m.*
- ❑ *Payments are to be made on a monthly basis as per the policies of the St. Francis Extended Care Program.*
- ❑ *After one returned check, payment must be made by cash, money order, certified check, BankCard or ATM.*
- ❑ *Students may be removed from extended care*
    - o *if an account becomes 30 days delinquent*
    - o *if we experience excessive late pickups (please be mindful of the 6:00 PM closing time)*

I _____, do authorize St. Francis Extended Care to release my child/children to the people listed below. I have checked with these people, and they have agreed to accept responsibility for my child/children in the event that I am unable to pick them up.

_____   _____
Signature   Signature

1. _____   3. _____
   Name & Relationship   Phone or Cell Number   Name & Relationship   Phone or Cell Number

2. _____   4. _____
   Name & Relationship   Phone or Cell Number   Name & Relationship   Phone or Cell Number