

EXTENDED CARE INFORMATION

2025-2026

**EXTENDED CARE CONTRACT
2025-2026**

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:

- ☐ **\$75.00 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**
 - ☐ **if an account becomes 30 days delinquent**
 - ☐ **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. _____
Name & Relationship Phone or Cell Number

3. _____
Name & Relationship Phone or Cell Number

2. _____
Name & Relationship Phone or Cell Number

4. _____
Name & Relationship Phone or Cell Number