EXTENDED CARE INFORMATION
2026-2027

For the convenience of our families, childcare is available most school days from 7:00 am to 5:30 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: $ 100.00

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	**$270.00**
After School until 5:30	**$300.00**

Monthly/Part-time rates (per child) 4 or less days a week: $10.00/hour
Hourly needs for part-time must be specified in advance on reverse side

Drop-in rate (per child): $12.00/hour

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

Please complete information on back

EXTENDED CARE CONTRACT
2026-2027

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:

- ***$100.00 registration fee per family***
- ***A late fee of $2.00 per minute will be charged for each student not picked up by 5:30 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 5:30 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 5:30 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