



**Extended Care Program
2017-18**

Completion of this form and payment of the fee registers the following child(ren) in the St. Frances Cabrini School Before and After School Aged Extended Care Program. Completing this form does not guarantee placement in the program. Preference will be given to those children currently enrolled in Extended Care. Prekindergarten AM Extended Care needs five (5) students enrolled for the coming school year in order to operate. **There is no Extended Care offered from 11:15am - 3:00pm.**

**Please Print
Student Name (s):**

(circle one)

(circle one)

- | | | | | | |
|----------|----------|----------------|----|----|------|
| 1. _____ | Gr. ____ | Current or New | AM | PM | Both |
| 2. _____ | Gr. ____ | Current or New | AM | PM | Both |
| 3. _____ | Gr. ____ | Current or New | AM | PM | Both |
| 4. _____ | Gr. ____ | Current or New | AM | PM | Both |

Hours and Rates

AM - 6:45-8:15am
PM - 3:00- 6:00pm

Rates are paid monthly through FACTS (10 months, July through April)
A non- refundable registration fee of \$10 per child is due at the time of registration

- ___ 4/5 days a week- AM Only:\$70 (\$700 yr.) ___ PM Only \$100 (\$1,000 yr.) ___ Both: \$170 (\$1,700 yr.)
- ___ 3 days a week - AM Only: \$40 (\$400 yr.) ___ PM Only \$60 (\$600 yr.) ___ Both: \$100 (\$1,000 yr.)
- ___ 2days a week- AM Only: \$20 (\$200 yr.) ___ PM Only \$40 (\$400 yr.) ___ Both \$60 (\$600 yr.)

**** There is a \$6.00 per hour Drop-in Fee and \$1.00 per minute for those who are NOT registered****
**** If you choose to pay yearly, payment must be paid in full by July 1st****

Prekindergarten Extended Care is \$2,750 for the year or \$275.00 per month. Hours are 8:15am- 12:00pm.
Students must provide their own lunch.

Please Note: 4 or 5 days are both considered a full week
Prices include half days/ early dismissal days.

**** If you're planning on using Extended Care for drop-in, you must also pay \$10 yearly registration fee per student. ****

Parent Name _____ Parent Signature _____
(Please Print)

Daytime phone _____ Cell phone _____

Email address _____ Date _____

OFFICE USE ONLY

Date: _____ Amount paid \$ _____ Cash/Check # _____