



**Extended Care Program
2019-20**

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.

Please Print

(circle one)

(circle one)

Student Name (s):

| | | | | | |
|----------|-----------|----------------|----|----|------|
| 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

- A non-refundable registration fee of \$10 per child is due at the time of registration
- Extended Care charges will be added to the family's FACTS account monthly
- For families that do not participate in the FACTS payment program, an invoice will be sent out monthly

AM RATES- \$5.00 Flat rate per child regardless of time in AM care

PM RATES- \$5.00 per hour, per child

Families will be given a monthly calendar to indicate the days care will be needed and therefore only be charged for the days that care was provided.

If you do not turn in your monthly calendar, **Drop-in rate of \$6.00 per hour, per child** will apply.

****There is a \$1.00 per minute charge for each minute after 6:00pm that a child remains in Extended Care****

Parent Name _____ (Please Print) Parent Signature _____

Daytime phone _____ Cell phone _____

Email address _____ Date _____

OFFICE USE ONLY

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