



**St. Joseph Catholic School Extended Care Programs Application
2018-2019**

Registration Fee \$125.00 Per Family Due With Application (Stay & Play and After School Care Only)

Before School Care - 6:50 a.m. to 7:40 a.m. (Grades PK to 8)

_____ FULL TIME Yearly fee - \$415.00 per student, payable in 10 or 12 installments through
FACTS Management or in full by 07/18/2018
 In Full FACTS
_____ PART TIME Daily Rate \$4.50 per student, per morning. Billed end of month.

Stay & Play - 11:30 a.m. to 2:45 p.m. (Pre-K Students Only)

_____ FULL TIME Yearly Fee is \$1700.00, per student payable in 10 or 12 installments
through FACTS Management or in full by 07/18/2018
Part time is not available
Stay & Play is not available when PreK is not in session

After School Care - 2:45 p.m. to 6:00 p.m. (Grades PK to 8)

_____ FULL TIME Yearly Fee is \$2060.00, per student payment in 10 or 12 installments
through FACTS Management or in full by 07/18/2018
 in Full FACTS
_____ PART TIME Billed end of the month per whole billable hour.
 \$5.00 per student picked up by 3:30PM (Snack is provided)
 \$10.00 per student picked up by 4:30PM
 \$15.00 per student picked up by 5:30PM
 \$17.50 per student picked up by 6:00PM
Late pick up fees are \$25.00 per student per billable 10 minutes.
Early Release days, students need to bring a lunch.
After School Care is not available the Friday of Christmas Break or the last day of School.

Parent Name(s) _____

Student Name : _____ Grade _____

Student Name : _____ Grade _____

Student Name : _____ Grade _____

Billing Address _____

Billing E- Mail _____

Gate Cards will be distributed at orientation, maximum of 2 cards per family.
Gate Cards are to be returned at the end of the school year or a \$25.00 fee per missing
card will be assessed to your account.

**2017/2018
Extended Care Program
Student Information Sheet**

Family Last Name: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Best Contact Phone Number: _____ Name: _____

Second Contact Number: _____ Name: _____

Father's Name: _____ Work # _____

Mother's Name: _____ Work # _____

People authorized to pick up child(ren) if parent(s) are unavailable:

Name: _____ Relation _____

Name: _____ Relation _____

Name: _____ Relation _____

CURRENT ID will be required for any person(s) that pick up a student that is not on this list but a note by parent was sent to the office.

Administration Only

Registration	Ck #	_____	Amount	_____
Status	F/T		P/T	
Payment	In Full		FACTS	End of Month
	7/19/2017			Part Time Only