

St. Matthew Catholic School

Extended Day Fees and Rates

(School Year 2017 - 2018)

Director Susan Vallot

Assistant Director Judy Phillips

478-5053

Registration Fee \$18.00 per family

(Billed to your account)

Monthly Rates

First Student	\$138.40
Second Student	\$116.80
Third Student	\$101.65
Fourth Student	no charge

Hourly Rates Per Student

(Based on usage per billing period)

1 - 5 Hours per month	\$3.80
6 - 25 Hours per month	\$3.30
26 and over per month	\$2.80

Use and Billing Policy

There is a minimum charge of one-hour for any use of this program from dismissal to 4:00 p.m. Therefore, parents who do not wish to participate in this program must pick up their child(ren) before: **3:25 for Pre-k to 3rd, 3:40 for 4th to 8th**, in order to avoid this minimum one hour charge. Parents not signing their child(ren) out will be billed for 3 hours. **A charge of \$5.00 per minute will be billed after 6:00 p.m.** **No grace period is allowed for Extended Day charges after 6:00 p.m.**

Billing Period for Extended Day Care

<u>Period Used</u>	<u>Month Billed</u>
August 21 st - September 13 th	October 1 st
September 14 th - October 6 th	November 1st
October 10 th - November 1 st	December 1st
November 2 nd - December 5 th	January 1st
December 6 th - January 11 th	February 1st
January 12 th - February 7 th	March 1st
February 8 th - March 6 th	April 1st
March 7 th - April 11 th	May 1st
April 12 th - May 9 th	June 1st
May 10 th - June 6 th	July 1st

**ST. MATTHEW CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
CHILD PROTECTION FORM**

PLEASE PRINT

CHILD/CHILDRENS NAME(S) _____

GRADE _____

We/I (parent or guardian) authorize the following people to pick up our/my (child/children) from the Extended Day Program. We/I do understand that any change in the names, addresses or phone numbers made during the school year will be immediately given to the director.

PLEASE LIST AT LEAST ONE PERSON WHO LIVES WITHIN THE PROXIMITY OF ST. MATTHEW.

NAME(Parents) _____ PHONE# _____

ADDRESS _____ WK# _____

Cell# _____

DRIVER'S LICENSE# _____ Pager _____

NAME _____ PHONE# _____

ADDRESS _____ WK# _____

Cell# _____

DRIVER'S LICENSE# _____ Pager _____

NAME _____ PHONE# _____

ADDRESS _____ WK# _____

Cell# _____

DRIVER'S LICENSE# _____ Pager _____

NAME _____ PHONE# _____

ADDRESS _____ WK# _____

Cell# _____

DRIVER'S LICENSE# _____ Pager _____

SIGNATURE OF PARENT OR GUARDIAN COMPLETING THIS FORM

DATE

**ST. MATTHEW CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
CONTRACT**

CHILD'S NAME _____

We (parent or guardian) and child understand the rules and regulations of the Extended Day Program and agree to abide by these as stated in the Student Handbook. Any offenses to these rules could result in the termination of our child/children from the program. A Registration fee of \$18.00 per family will be billed to your account.

Student signature

Date

Parent (Guardian) signature

Date