



**St. Charles Borromeo Academy Extended Care Payment Contract 2021-2022**

**\*\*\*THE FOLLOWING PRICES APPLY TO EXTENDED CARE SERVICES ONLY PS- 8<sup>th</sup> Grade\*\*\***

1. Admission fee of \$50 for one child or \$100 per family
2. \$50.00 supply/snack fee **per child**
3. Complete Extended Care Emergency Form
4. Select the plan you will use from the list below
5. Payments due 1st of each month/late fee applied after the 10<sup>th</sup>
6. Please make checks payable to **St. Charles**

**Admission/Required Fees are NON-REFUNDABLE**

**AUGUST ONLY**

**1<sup>st</sup> day of School thru August 31  
Will be added to your Academy Fees**

- \_\_\_ \$60 per child AM/PM (6:45 a.m.-7:45 a.m., 3:00p.m.-6:00 p.m. Includes 1/2 days).
- \_\_\_ \$40 per child PM (3:00 p.m.-6:00 p.m. Includes 1/2 days).
- \_\_\_ \$10 per hour per child with paid registration.
- \_\_\_ \$15 per hour per child without paid registration.

**September – May**

- \_\_\_ \$300 AM/PM (6:45 a.m.-7:30 a.m., 3:00p.m.-6:00 p.m. Includes No School & 1/2 days).
- \_\_\_ \$255 PM (3:00 p.m.-6:00 p.m. Includes No School & 1/2 days).

- \_\_\_ \$155 Part Time AM/PM (3 days or less per week Includes No School & 1/2 days; max 12 days per month)  
*September – May.*
- \_\_\_ \$135 Part Time PM (3 days or less per week Includes No School & 1/2 days; max 12 days per month)  
*September - May.*

**Hourly & Daily Rates**

- Hourly Charge: \$10.00 with Paid Registration and Snack Fee (Must be paid before 1<sup>st</sup> day of use).
- Hourly Charge: \$15.00 without Paid Registration and Snack Fee.
- Daily Charge: \$50.00 with Paid Registration and Snack Fee (Must be paid before 1<sup>st</sup> day of use).
- Daily Charge: \$60.00 without Paid Registration and Snack.
- Late Pick Up Charge: \$20.00 per child.
- Signing this form gives your child/children permission to view videos while in extended care.

Parent/Guardian Signature \_\_\_\_\_

*By signing this electronic signature form, I agree that my electronic signature is the legally binding equivalent to my handwritten signataure.*

Parent/Guardian Name *Print* \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- \_\_\_ **I will use auto withdrawal**
- \_\_\_ **I will use payment envelopes**

**Office Use Only: Amount received: \$** \_\_\_\_\_ **Date paid:** \_\_\_\_\_ **Initials:** \_\_\_\_\_  
**Check #** \_\_\_\_\_ **Cash/Receipt #** \_\_\_\_\_

**St. Charles Borromeo Academy Extended Care Emergency Information Form**

Child's Name(s) \_\_\_\_\_

Child's Grade (s) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Parent(s)/Guardian(s) Info**

Mother \_\_\_\_\_

Primary Contact Phone # \_\_\_\_\_

2<sup>nd</sup> Contact # \_\_\_\_\_

Father \_\_\_\_\_

Primary Contact Phone # \_\_\_\_\_

2<sup>nd</sup> Contact # \_\_\_\_\_

**In case of Emergency, we request your written permission to seek medical help.  
Please designate the hospital of your choice and sign below:**

Hospital \_\_\_\_\_ Signature \_\_\_\_\_

**In case of illness or emergency, we request three contacts if parent/guardian is unavailable**

1. \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to your family: \_\_\_\_\_

2. \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to your family: \_\_\_\_\_

3. \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to your family: \_\_\_\_\_

**Please list any medical/allergy information concerning your child/children:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list the names of persons you authorize to pick up your child/children:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_