



ST. CHARLES BORROMEO ACADEMY Extended Care Payment Contract 2022-2023

*****THE FOLLOWING PRICES APPLY TO EXTENDED CARE SERVICES PS – 8TH GRADE*****

1. Admission fee of \$50 for one child or \$100 per family
2. \$60.00 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 10th
6. Please make checks payable to St. Charles

Admission/Required Fees are NON-REFUNDABLE

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

_____ \$150 AM/PM (6:45 a.m.-7:30 a.m., 3:00p.m.-6:00 p.m. Includes 1/2 Days)

_____ \$135 PM (3:00 p.m.-6:00 p.m. Includes 1/2 Days)

_____ \$110 AM/PM 3 days or less per week (6:45 a.m.-7:30 a.m., 3:00p.m.-6:00 p.m. Includes 1/2 Days)

_____ \$90 PM 3 days or less per week (3:00p.m.-6:00 p.m. Includes 1/2 Days)

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)
20% disc 3+ children (Applies to this plan only)

_____ \$255 PM (3:00 p.m.-6:00 p.m. Includes No School & 1/2 Days)
20% disc 3+ children (Applies to this plan only)

_____ \$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 1st 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 1st day of use)

Daily Charge \$60.00 without Paid Registration and Snack

Late Pick Up Charge \$20.00 per child

Parent/Guardian Signature _____

*Signing this form gives your child permission to view DVD's & Videos while in extended care.

**** By signing these electronic signature forms I agree that my electronic signatures are the legally binding equivalent to my handwritten signatures.**

Parent/Guardian Name *Print* _____

PLEASE CHECK 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 2022-2023

Childs Name(s) _____, _____, _____, _____

Childs Grade (s) _____, _____, _____, _____

Address _____ City/State/Zip _____

Parents/Guardian Info

Mother _____

Primary Contact Phone # _____

2nd Contact # _____

Father _____

Primary Contact Phone # _____

2nd Contact # _____

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

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 children

Parent Signature _____

Date _____



Automatic Recurring Payments For EXTENDED CARE 2022-2023 Academic Year

SCBA offers automatic payments from your bank checking account OR a recurring charge to your credit card to pay your monthly extended care. The amount is deducted from your account on the 5th of each month. If you wish to participate in this program, please complete the remainder of this page.

*I authorize Saint Charles Borromeo Parish to withdraw from my checking account or charge my credit card account the amount indicated below. The authority to make monthly charges begins **September 5, 2022**, through **May 5, 2023**, or until I notify Saint Charles in writing to cancel, at least one week prior to the next withdrawal date.*

I have provided my CHECKING ACCOUNT or CREDIT CARD Information for my automatic recurring charges to occur.

Please select from the following options:

____ Checking Account

Name on Account _____
Address _____ City _____ State _____ Zip _____
Routing # _____
Account # _____

____ Credit Card

Visa, MC, AMEX, Disc # _____

Name on Card _____ Exp. _____ CVV _____

I agree to update St. Charles if my card expires during the current school year.

Signature _____ Date _____

Amount to be withdrawn \$ _____

***The basic rate on all Extended Care plans is eligible for the automatic withdrawal. You will receive a monthly bill for overage, and payment should be made by cash or check.

Scheduled automatic withdrawals from your checking account or charges to your credit card that are returned unpaid will be treated as a returned check; a \$30.00 bank fee will be applied, and payment of the returned withdrawal is due within 10 days. Thank you.