



ST. CHARLES BORROMEO ACADEMY Extended Care Payment Contract 2020-2021

*****THE FOLLOWING PRICES APPLY TO EXTENDED CARE SERVICES ONLY*****

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 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**

- _____ \$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)
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.

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

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 _____