



**St. Joseph Catholic School Extended Care Programs Application  
2019-2020**

**Registration Fee \$150.00 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 - \$440.00 per student, payable in 10 or 12 installments through FACTS Management or in full by 07/15/2019

\_\_\_\_\_  In Full  FACTS

\_\_\_\_\_ **PART TIME** Daily Rate \$5.00 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 \$1850.00, per student payable in 10 or 12 installments through FACTS Management or in full by 07/15/2019

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 \$2225.00, per student payment in 10 or 12 installments through FACTS Management or in full by 07/15/2019

\_\_\_\_\_  in Full  FACTS

\_\_\_\_\_ **PART TIME** Billed end of the month per whole billable hour.

\$6.00 per student picked up by 3:30PM (Snack is provided)

\$11.00 per student picked up by 4:30PM

\$16.00 per student picked up by 5:30PM

\$18.50 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.



**2019/2020  
Extended Care Program  
Student Information Sheet  
Stay & Play and After School Care**

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.**

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***Administration Only***

Registration	Ck #	_____	Amount	_____
Status	F/T		P/T	
Payment	In Full		FACTS	End of Month
	7/18/2018			Part Time Only