



DAY CARE RATES

<i>Morning Care</i>	Monday-Friday	Starts at 7:15 a.m.
No Fee		
<i>Afternoon Care</i>	Monday-Thursday	2:45 p.m.-6:00 p.m.
	Friday	12:45 p.m.- 6:00 p.m.
Daily Rate	\$10 First Child each additional child \$5	
Monthly Rate	\$150 per month per child \$210 for two children per month \$285 for three children per month	

After School Day Care is provided from dismissal until 6:00 p.m. on school days, except days at the beginning of “vacations.” The Extended Day fee is paid separately from tuition. Students not enrolled in After School Day Care may stay on a given day for “Daily Rate” fee charges.

Prompt pick-up and payment of fees is required for us to provide ongoing service for your family. Please be reminded that the people who serve your children and your family have lives too, and they need to lock up and leave promptly at 6:00.

A signed agreement is necessary for participation. The Archdiocesan insurance covers students during the time of the program. This program can only serve children enrolled at St. Bridget of Sweden School

A completed emergency card with up-to-date information is required, as well as records of arrival and departure from the program.

After School Activities:

If a student stays after school for activities, they are to be picked up within the first 15 minutes after the activity ends. Otherwise, they will be signed into Extended Care and families will be charged the daily rate.

Late Charges:

Children must be picked up no later than 6:00 p.m. There is no grace period, at 6:01 a family will be charged \$5 per minute, per child after that.

Payments:

Charges for After School Day Care (daily and monthly enrollment) will be added to FACTS Tuition Management Account at the end of each month.

ST. BRIDGET
OF
SWEDEN
SCHOOL

Extended Day Care
Registration Agreement
2019-2020

Family Name: _____
Print

Address: _____

Home Phone: _____

Father's Cell: _____ Father's Daytime phone: _____

Mother's Cell: _____ Mother's Daytime phone: _____

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

RATES

1 child \$150.00 /month
2 children \$210.00/month
3 children+ \$285.00/month

1 child \$10.00 /Daily
2 children \$15.00/ Daily
3 children+ \$20/Daily

Fees will be calculated and the lower rate (monthly or daily) will be entered through FACTS at the end of the month.

I/We agree to pay the After School Day Care fee through FACTS.

By signing this registration paper, you are agreeing to make your payments through FACTS.

I/We agree to notify the After School Day Care staff promptly of any change in address or contact phone numbers.

Parent Signature

Date

Parent Signature

Date



Permission to Pick-Up

I/We _____ authorize the following people to pick up my child(ren) _____ from St. Bridget of Sweden School After School program during the 2019 – 2020 school year. I, the legal guardian, assume ALL responsibility and ANY liability attached to this release. I understand that St. Bridget of Sweden School is NOT responsible for my son/daughter when he/she has left the school with any of the following people listed on this release form.

_____ Print the name of the authorized person	_____ Phone number
_____ Print the name of the authorized person	_____ Phone number
_____ Print the name of the authorized person	_____ Phone number
_____ Print the name of the authorized person	_____ Phone number
_____ Print the name of the authorized person	_____ Phone number

Note: The persons you authorize to pick up your child MUST be an adult (over 18 years of age)

Parent (Please print)

Parent Signature

Date



Allergy/Medical Condition Information

If your child(ren) has allergies/medical conditions, it is very important that we have all of the necessary information to assist your child(ren). Record any allergies/medical conditions your child(ren) has. Be very specific about the allergy/medical conditions and the needs your child(ren) may have.

FAMILY NAME _____

Student's name and grade _____

Allergies/Medical Conditions/Medications:

Student's name and grade _____

Allergies/Medical Conditions/Medications:

Student's name and grade _____

Allergies/Medical Conditions/Medications:

Signature of Parent or Legal Guardian

Date