



St. Mary of the Angels School Extended Day Program – Pricing & Payment

The Extended Day Program provides supervised care and homework time, plus physical activity and academic enrichment to our students. After Care runs from 3:00PM to 6:00PM.

Monthly After Care Pricing:

	ONE CHILD	TWO CHILDREN	THREE+ CHILDREN
Option A: 4-5 days/week, by 6:00	\$325	\$425	\$475
Option B: 4-5 days/week, by 5:00	\$300	\$400	\$450
Option C: Up to 3 days/week	\$225	\$325	\$425
Option D: 1-4 Days/month	\$125	\$175	\$250

NOTE: Unscheduled After Care Drop-Ins are \$25 per day/child.

Payment Policies:

- A \$30 non-refundable registration fee per family will be charged upon receipt, by Aug 1.
- Your payment will be for a full month's cost. Partially used months will not be prorated.
- Each option is payable on a monthly basis through FACTS, in the middle of each month.
- You may withdraw from the program or make changes to your 'option' with no penalty if you notify the Extended Day Program Director in writing by the 20th of the month prior to the month of desired change. Non-attendance is NOT a form of withdrawal. No refunds will be granted for withdrawals requested after the 20th of the month.
- **Late pick-up charges shall apply in the amount of \$2.00 per minute/child.**
- Additional fees will be incurred for using more days per week than your selected option.
- Enrichment courses and clubs are NOT included in the monthly After Care pricing above.
- PLEASE NOTE: If your child(ren) are not picked up by 15 minutes after 3:00 PM or 15 minutes after an activity, they will automatically be enrolled in the Extended Day Program and billed accordingly.



St. Mary of the Angels School

Extended Day Program – REGISTRATION FORM

PLEASE NOTE: Upon receipt of this form your FACTS account will be charged the \$30 non-refundable registration fee. If registering before the start of the school year, your first month's payment will be charged in the middle of September and in the middle of every month thereafter. If registering after the start of the school year, your first payment will be charged upon receipt of this form and in the middle of the month thereafter. See reverse side for complete payment policies.

FAMILY & STUDENT INFORMATION:

PARENT First Name(s): _____ Last Name(s): _____

SIGNATURE: _____

PREFERRED EMAIL: _____

Student Name: _____ Grade: _____ Male OR Female

Student Name: _____ Grade: _____ Male OR Female

Student Name: _____ Grade: _____ Male OR Female

Student Name: _____ Grade: _____ Male OR Female

CHOOSE YOUR OPTIONS:

- Option Selected **A B C D**
- Total Monthly Cost For Option Selected: \$ _____