Dear Parent/Guardian,

St. Cletus will be offering both Before Care and After Care programs for the 2024-2025 school year. *The cost of the program is \$7.00 per hour per child*. There is a minimum charge of \$3.50 per child per attendance period. Time charges are rounded up to the half hour.

The annual registration fee is \$30.00 per family. Once you begin using the Extended Care Program, you will be invoiced for this registration fee with your first billing. Participating families will be invoiced monthly through your FACTS Management Incidental Expenses account for the previous month's usage of extended care services.

The Before Care program is from 7:00 until 7:50 a.m. Students should enter through door # 14 (along Stone Avenue). Any child arriving to school before 7:50 a.m. without a scheduled meeting/activity will be sent to Before Care, and the family will be charged accordingly. The Before Care phone number is (708) 215-5408.

Students who are not picked up by dismissal time (3:00 p.m.) will be sent to After Care. The After Care Program operates from 3:00 until 6:00 p.m. Pickup is at the Morrissey Hall entrance from Stone Avenue (door # 14)—please knock on the door and wait for an After Care staff member to let you inside the building. The After Care phone number is (708) 215-5408.

Please select your extended care date and time choices on your Registration Form. Your choices are not final—they just allow us to plan ahead for extended care staffing. Parents should notify their student(s)' teacher(s) and the school office no later than 2:00 p.m. if they are using the After Care program that day or making a change to their regular After Care schedule.

LATE PICKUP FEES: Late fees are charged to families who pick up their child(ren) after 6:00 p.m. at the rate of \$1.00 per minute for the first five minutes and \$5.00 per minute for each minute after 6:05 p.m. We suggest a family member, friend, or neighbor be asked to pick up your child in case of an emergency. Please be sure to list all contacts who are allowed to pick up your child(ren) on the attached Registration Form.

EXTENDED CARE PROGRAM REGISTRATION FORM - 2024-25

rainity Name		Home A	Address		
Home Phone		Cell Pho	one		
Child(ren)'s Name(s)		Male/Female	<u>Grade</u>	Room No	<u>o.</u>
■ BEFORE CARE	REGULAR U	USER (I anticipate	e using the program	(indicate appropria	te date(s) & time(s):
Morning Arrival Day:	Monday	Tuesday	Wednesday	☐ Thursday	Friday
		VED 6			
AFTER CARE F	REGULAR US	SER (I anticipate u	ising the program (i	ndicate appropriate	date(s) & time(s):
_	Monday	EER (I anticipate u	Wednesday	_	date(s) & time(s):
Afternoon Pickup	_	_	_	_	
Afternoon Pickup Day:	☐ Monday	☐ Tuesday	☐ Wednesday	_	
Afternoon Pickup Day: Time:	☐ Monday	☐ Tuesday	☐ Wednesday	_	
Afternoon Pickup Day: Time:	☐ Monday ——— USER (Schedul	Tuesday Tuesday Home Phone	☐ Wednesday	Thursday ————————————————————————————————————	☐ Friday
Afternoon Pickup Day: Time: OCCASIONAL Mother's Name	☐ Monday ——— USER (Schedul	Tuesday Tuesday les to be arranged.) Home Phone Home Phone	☐ Wednesday	Thursday ————————————————————————————————————	☐ Friday
Afternoon Pickup Day: Time: OCCASIONAL Mother's Name Father's Name	Monday USER (Schedul	Tuesday Tuesday Home Phone Home Phone Home Phone	☐ Wednesday	Thursday Cell Phone _	☐ Friday

Parent Signature/Authorization for Before/After Program enrollment (please check box at left)