



## Price Changes for Extended Care Services

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 \$9.00 per hour per child. For any part of the hour, the fee is \$9.00.***  
**For example:**

Before Care:	Drop off between 7:00-7:50 a.m.	\$9.00 per child
After Care:	Pick up between 3:00-4:00 p.m.	\$9.00 per child
	Pick up between 4:01-5:00 p.m.	\$18.00 per child
	Pick up between 5:01-6:00 p.m.	\$27.00 per child

There is no annual registration fee. Participating families will be invoiced monthly through their 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 (from 7:00-7:50 a.m.) is (708) 968-6413.

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 (from 3:00-6:00 p.m.) is (708) 968-6413.

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.

**Payment Delinquencies:** being delinquent for extended care payments may result in the discontinuation of these services for your child(ren).

**EXTENDED CARE PROGRAM**  
**REGISTRATION FORM - 2024-25**

Family Name \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<u>Child(ren)'s Name(s)</u>	<u>Male/Female</u>	<u>Grade</u>	<u>Room No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BEFORE CARE REGULAR USER** (I anticipate using the program (indicate appropriate date(s) & time(s):

**Morning Arrival**

Day:  Monday  Tuesday  Wednesday  Thursday  Friday

**AFTER CARE REGULAR USER** (I anticipate using the program (indicate appropriate date(s) & time(s):

**Afternoon Pickup**

Day:  Monday  Tuesday  Wednesday  Thursday  Friday

Time: \_\_\_\_\_

**OCCASIONAL USER** (Schedules to be arranged.)

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other adults authorized to pick up child(ren):

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

PLEASE NOTE: WE MAY REQUEST A PHOTO ID OF ANY PERSON PICKING UP YOUR CHILD(REN).

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