

# St Thomas More Catholic School

## 2024-25 Aftercare Information and Enrollment Form

**Aftercare** - Hours of operation: Monday – Friday, 2:45pm – 5:45pm

OPTIONS and FEES - *Please check option*

- \_\_\_\_\_ **Option 1** - 5 Days: first child \$360 - second child \$260 - third child \$195
- \_\_\_\_\_ **Option 2** - 3 Days: first child \$310 - second child \$215 - third child \$165
- \_\_\_\_\_ **Option 3** - Occasional or Per Day: first child \$45 - second child \$35 - third child \$30

***\$75 Registration Fee per family will be billed with your first month AFTERCARE Tuition payment via FACTS!***

- Requests for option changes must be communicated via email to the AC Director no later than **the 20th of the month**.
- There are **NO** refunds for absences due to illness, travel or school cancellations.
- Option changes are limited to two (2) per year.
- Option 1, Option 2, and Option 4 fees are billed at the beginning of each month through your FACTS incidental billing account (not auto withdrawal)
- Option 3 and Option 5 are billed through FACTS incidental billing account at the end of the month based on attendance for that month. Exceptions will be made on a case by case basis.
- Fees are divided into 9 equal payments from September 1st– May 1<sup>st</sup> (no charges for August and June.)
- Aftercare is **not available** on all early dismissal days unless otherwise noted on the school calendar.
- There is a fee of \$1 per minute billed to the family’s FACTS Account, for students who are not picked up by 5:45pm.

Child(ren’s) Names \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

In an emergency who is to be called first? Circle one - Mother    Father    Other (add contact info on the back)

Mother’s name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Father’s name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

**In the case of illness or a medical emergency:** I consent to have the staff at STM Aftercare Program contact my child’s doctor or have my child taken to the hospital. I agree to come for my child if informed that he/she is too ill to remain in until pickup time. I agree to pay all fees promptly & understand that failure to pay may result in my child not being allowed to continue in the aftercare program. **I am fully aware of all fees and times of operation.** I will contact the Aftercare Director if any of the above information changes.

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Persons authorized to pick-up your child**

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_