

St. Matthew Catholic School

Extended Day Fees and Rates

2023-2024

After School Care:

Director: Kelly Mialkowski Email: kmialkowski@smcssa.org

Registration Fee - \$30.00 per family (billed to your account)

Monthly Rates:

First student \$138.40

Second student \$116.80

Third student \$101.65

Fourth student no charge

Hourly Rates Per Student:

(based on usage per billing period)

1-5 hours per month \$3.80

6-25 hours per month \$3.30

26 and over per month \$2.80

Use and Billing Policy

There is a minimum charge of one hour for any use of this program from 3:40 - 4:00. **Therefore, parents who do not wish to participate in this program must pick up their child(ren) before 3:40 in order to avoid this minimum one hour charge.** Parents not signing their child(ren) out will be billed for 3 hours. **A charge of \$5.00 per minute will be billed after 6:00 p.m. No grace period is allowed for Extended Day charges after 6:00 pm.**

Billing Period for After School Care

Period Used	Month Billed
August 14 - September 8	October 1
September 11 - October 5	November 1
October 6 - November 1	December 1
November 2 - December 6	January 1
December 7 - January 18	February 1
January 19 - February 14	March 1
February 15 - March 20	April 1
March 21 - April 19	May 1
April 22 - May 17	June 1
May 20 - May 29	June 15

St. Matthew Catholic School

Extended Day Registration Form

Please print.

Child's Name and Grade Level: _____

Child's Name and Grade Level: _____

Child's Name and Grade Level: _____

Child's Name and Grade Level: _____

Parent Name: _____

Home Phone Number: _____

Address: _____

Work Phone Number: _____

Driver's License # _____

Cell Phone Number: _____

Parent Name: _____

Home Phone Number: _____

Address: _____

Work Phone Number: _____

Driver's License # _____

Cell Phone Number: _____

As the parent/guardian, I authorize the following people to pick up my child from after school care. I do understand that any change in the names, addresses, or phone numbers made during the school year will be immediately given to the director.

Please list at least one person who lives within the proximity of St. Matthew.

Name: _____

Home Phone Number: _____

Address: _____

Work Phone Number: _____

Driver's License # _____

Cell Phone Number: _____

Name: _____

Home Phone Number: _____

Address: _____

Work Phone Number: _____

Driver's License # _____

Cell Phone Number: _____

Parent Signature: _____

Date: _____

St. Matthew Catholic School
Extended Day Program Contract

Child's Name: _____

We (parent or guardian) and child understand the rules and regulations of the Extended Day Program and agree to abide by these as stated in the student handbook. Any offenses to these rules could result in removal of your child from the program. A registration fee of \$30.00 per family will be billed to your account.

Student signature or printed name

Date

Parent(Guardian) signature

Date