

SAINT PAUL SCHOOL

Education for Tomorrow, Faith for a Lifetime



250 James Street, Burlington, New Jersey 08016

Tel.: (609) 386-1645 • Fax: (609) 386-1345 • www.stpaulbri.org

Your registration packet contains the following forms:

1. Application... please fill out both sides of this form.
2. Tuition Preference Form...This form **MUST** be completed and signed.
3. Emergency Contact Sheet
4. Universal Health Form – This form should be signed by a doctor. Please include an updated list of immunizations.
5. Textbook Loan Form... One form **per student** must be completed. This entitles Saint Paul School to collect funds from Burlington City School District for textbook purchasing. All families **MUST** complete this information and return one form per student.
6. Service Duty Form/PTA Service Form...These forms are for each family. Every family **MUST** perform a service duty. The choices are on the form. The form **MUST** be completed and returned. In-lieu of a service you can pay \$50.00 per month for 10 months in addition to the tuition bill. This \$500.00 can be added to your tuition payment and paid monthly through FACTS. Each family is also required to assist the PTA with an event.
7. B6T Transportation Form...One form **per student (both sides)** must be completed for transportation or payment in lieu of transportation. If you live in a district that will reimburse you for transportation, you must complete and return this form. It is the parent responsibility to have this form completed and returned to school.
8. Request for records
9. Title I Survey

PLEASE KEEP ALL FORMS TOGETHER AND **RETURN WITH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND BAPTISMAL CERTIFICATE (IF BAPTIZED)** IN A TIMELY MANNER. YOUR CHILD CANNOT BE REGISTERED UNTIL ALL THIS INFORMATION HAS BEEN RETURNED WITH PAYMENT. YOUR CHILD CANNOT BE ADDED TO A WAITING LIST UNTIL THIS INFORMATION HAS BEEN RETURNED.

Your registration packet checklist:

- | | |
|--|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Tuition Preference Form (FACTS) |
| <input type="checkbox"/> Emergency Contact Sheet | <input type="checkbox"/> Health Registration Form |
| <input type="checkbox"/> Textbook Loan Form (one per child) | <input type="checkbox"/> Service Duty and PTA Service Duty |
| <input type="checkbox"/> Transportation Form B6T (one per child) | <input type="checkbox"/> Title I Survey |
| <input type="checkbox"/> Request for records | <input type="checkbox"/> \$175 Registration Fee (per child) |
| | <input type="checkbox"/> \$50 Nurse Fee (per family) |



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Registration Application

Student Name: _____
First Middle Last

2024-2025 Incoming Grade: _____

Home Address: _____
Street Address

_____ City State Zip

Phone #: _____

Gender: _____ Male _____ Female

Birth Date: _____

Place of Birth: _____
City State

Religion: _____

Parish: _____

Father's Name: _____

Mother's Name: _____

(Over →)

The following information is used for NCEA (National Catholic Education Association) reporting purposes.

Primary Language: _____

Home Language: _____

Race: _____ White
 _____ Black or African American
 _____ American Indian or Alaska Native
 _____ Asian
 _____ Native Hawaiian or Other Pacific Islander
 _____ I choose to not identify with a specific race.

Ethnicity: _____ Hispanic or Latino
 _____ Non-Hispanic or Latino
 _____ I choose to not identify with a specific ethnicity.

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ST. PAUL SCHOOL PAYMENT PREFERENCE EVERY PARENT MUST COMPLETE THIS FORM AND RETURN TO SCHOOL BY MARCH 1, 2025

FAMILY NAME: _____

ADDRESS: _____

PHONE: (Include area code and cell numbers) _____

STUDENT(S) NAME: _____

I/we, the undersigned parents/guardians of the students named above agree to pay to the school the total tuition, other charges and fees set forth in the rate schedule published by St. Paul School in January, 2025. All monies owed to the school must be paid by May 1, 2026. Any returned checks, for whatever reason, will incur a \$30 service fee. Registration for the next year will not be accepted unless all tuition, fees, service duty levies are paid for the current calendar year. Fifty percent of the total tuition **MUST** be received by the school by the end of the first marking period; *otherwise parent access to Genesis will be disabled and the student's enrollment could be jeopardized.* I/we understand in signing this tuition covenant, I/we agree to accept the policies, rules and regulations of St. Paul School, as well as the payment schedule set forth below:

ALL payment options **MUST** be made through **FACTS**. Tuition for the 2025-2026 school year will be paid:

_____ F.A.C.T.S. single payment, due July 1, 2025 (no FACTS service fee, 2% discount will apply).

_____ F.A.C.T.S. payment plan 10 equal payments (beginning July 2025)

_____ F.A.C.T.S. payment plan 4 quarterly payments (beginning July 2025)

_____ F.A.C.T.S. payment plan 2 payments (July 2025 & November 2025)

Father's/Guardian signature and date _____

Mother's/Guardian signature and date _____

***Please note: If you choose the single payment option and payment is not received by the due date, you will be required to use the FACTS payment plan. This must be done before your child/children can begin school in September.**

ALL FINANCIAL CORRESPONDENCE MUST BE SENT TO THE PARISH OFFICE: 223 E UNION STREET, BURLINGTON, NJ 08016. PLEASE CALL EILEEN KELLY, 609-386-0163 x211, WITH ANY QUESTIONS.

2025-2026 EMERGENCY CONTACTS

Student Last Name _____

Family Last Name _____

Student(s) First Name(s) _____

FATHER

MOTHER

NAME

HOME PHONE

CELL PHONE

EMPLOYER

WORK PHONE

Email address most used to receive student information. *Only one email address will be assigned to the Genesis parent access account.*

E-mail address: _____

EMERGENCY CONTACTS (Parents are *always* the first call for an emergency. These are backup.)

1. _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

2. _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

FAMILY PHYSICIAN AND DENTIST INFORMATION:

Doctor's/Practice Name: _____

Phone Number: _____

Dentist's/Practice Name: _____

Phone Number: _____

Allergies/Medical conditions: _____

Parent/Guardian Signature: _____

Parent/Guardian please print name: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)		(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.				
Signature/Date			This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	
Weight (must be taken within 30 days for WIC)	
Height (must be taken within 30 days for WIC)	
Head Circumference (if <2 Years)	
Blood Pressure (if ≥3 Years)	

IMMUNIZATIONS

- ☐ Immunization Record Attached
☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)

Health Care Provider Stamp:

Signature/Date

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2025 - 2026

INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

Date: _____

PUBLIC SCHOOL INFORMATION

Public School District: Burlington City Board of Education

Street Address: 518 Locust Avenue

City: Burlington State: NJ Zip Code: 08016

NONPUBLIC SCHOOL INFORMATION

Nonpublic School: Saint Paul School

Street Address: 250 James Street

City: Burlington State: NJ Zip Code: 08016

STUDENT INFORMATION

Name of Student: _____ Grade: _____

Name of Parent/Guardian: _____

PARENT/GUARDIAN CERTIFICATION

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request Burlington City School District to loan textbooks to Saint Paul School in which my child is enrolled.

I certify that my above-named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian: _____



SERVICE DUTY FORM

Our school has a long-standing tradition of strong community and parental involvement. Part of that is the service program in which parents are expected to provide a service duty to our school. At some point, we provided a way for parents who could not commit to a service to make a payment in lieu of service. This was intended to allow parents with particular work schedules, physical issues, or other reasons to contribute to the community.

This option has become something of an “opt out” which many of our parents select, but this was never the intent. One result is that parents have far less involvement with the school day-to-day, and another is the loss of assistance that is needed around the school.

To address this, we’d ask parents who currently are capable of assisting in some way to do so, rather than opting out. To further this goal, the opt-out fee will be raised to \$500. Obviously this is not meant to create a hardship for any of our families, so if you feel there are circumstances that need to be considered, please contact Ms. Spirito or Fr. Jerome.

Please complete this form and return it to the Main Office with the registration packet.

SERVICE DUTY SIGN-UP FOR 2025-2026 SCHOOL YEAR

NAME: _____

EMAIL: _____

PHONE # _____

Child/childrens’ name(s) and grade(s): _____

Choose one or more:

_____ Bingo (Sunday—12 months – one Sunday per month)

_____ Library Aide-twice a month (days may change) Circle One: Mon Tues Wed Thu Fri

_____ Playground aide—weekly (12:00-1:00pm) Circle one: Mon Tues Wed Thurs Fri

_____ Church Scrip Sales Circle one: Saturday – 4:00pm – All Saints Church
Sunday – 8:00am – All Saints Church
Sunday – 10:30am – St. Paul Church



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MANDATORY PTA SERVICE

In addition to your regular service duty, you *must* also choose to give 3 hours of service to one of the PTA Special Events below. *(This is exclusive of your service duty and the opt out fee.)*

_____ Fall Fundraising Event (mid-October)

_____ Santa's Secret Workshop (during school day)

_____ Christmas Bazaar / Breakfast with Santa (Sunday before Thanksgiving)

_____ Set-up for Spring Fundraising event (February/March)

_____ Put together prize baskets before _____ Fall and/or _____ Spring event

_____ Setting a trunk for Trunk or Treat (October)

I understand that this requirement does not include my school service duty or the opt out payment.

Parent signature

Date

Printed Name

Student Name(s)/Grade(s) _____

Email: _____

Phone#: _____

For PTA use only:

Service hours completed: 1. _____ 2. _____ 3. _____

Nonpublic School Transportation Application Form

School Year: 2025-26 Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: Saint Paul School

Phone: 609-386-1645

Address of School: 250 James Street, Burlington, NJ 08016

Area code + number

Student's grade for the coming year:

Shortest one-way mileage between home and school:

(shortest route along public roadways or
walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): 09/02/25

Date school closes (mm/dd/yy): 06/16/26

School hours: 8:00 AM to 3:00 PM

Name of school of attendance in prior year:

Address:

Signature:

Date (mm/dd/yy):

Public School Use Only (Do not write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

☐ Transportation will be provided

☐ You are eligible for payment in lieu
of transportation

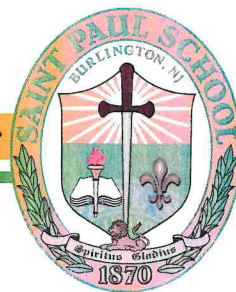
☐ Ineligible

Reason:

Title:

Signature:

Date (mm/dd/yy):



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REQUEST FOR STUDENT RECORDS

DATE: _____

(Please list the name & address of last school attended.)

Dear Sir or Madam:

I hereby request that all pertinent information concerning:

Grade Evaluation
Academic Performance
Testing
Health Information
Psychological Evaluation and/or
Child Study Team Reports

For my child: _____
(child's name) (date of birth)

to be forwarded to: Saint Paul School
250 James Street
Burlington, NJ 08016
Attn: Main Office

Parent/Guardian signature: _____

Print Parent/Guardian Name: _____

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January, 2025

Dear Parents,

The *No Child Left Behind Act of 2001, (NCLB)*, reauthorized federal legislation to continue to provide a variety of programs, materials, and services to children and teachers in non-public schools similar to those provided to public school students and teachers. These activities are enhanced by additional federal funds provided for school attendance areas with families whose income falls below specific levels or who benefit from other federal assistance programs. ***In order for our children to benefit from these additional funds, it is very important for us to know how many children attending our school are members of these families.***

Please review the enclosed survey and simply indicate whether you meet the criteria by checking YES or NO. Additionally, identify the public school district where your child(ren) would attend if not attending a non-public school. **This information is essential to ensure our continued participation in the federal programs such as Title I. It is an important benefit that we do not want to lose. Please return this form by March 1, 2025. All information will be kept confidential.**

Thank you for your assistance with this survey.

Sincerely,

Maria Spirito

Ms. Maria Spirito

Principal

Enclosure

SAINT PAUL SCHOOL

TITLE I NON-PUBLIC SCHOOL SURVEY

1. Use the attached Income Eligibility Guidelines chart to answer the questions in Item 1.

Is your family income less than the amount in column 2 (Federal Poverty Guidelines)?

YES _____ NO _____

Is your family income less than the amount in columns 3 to 5 (Reduced Price Meals)?

YES _____ NO _____

Is your family income less than the amount in columns 6 to 8 (Free Meals)?

YES _____ NO _____

Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

YES _____ NO _____

Are any of your children eligible to receive medical assistance under the Medicaid Program?

YES _____ NO _____

Identify the Public School District and grade that your child(ren) would attend if not attending a non-public school.

NAME OF PUBLIC SCHOOL DISTRICT (REQUIRED) GRADE LEVEL

1. _____

2. _____

3. _____

4. _____

5. _____

Home address (required) _____

INCOME ELIGIBILITY GUIDELINES

48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM AND TERRITORIES

Federal Poverty Guidelines		Reduced Price Meals – 185%			Free Meals – 130%		
Household size	Annual	Annual	Month	Week	Annual	Month	Week
1	\$ 15,060	\$ 27,861	\$2,322	\$ 536	\$ 19,578	\$ 1,632	\$377
2	\$ 20,440	\$ 37,814	\$ 3,152	\$ 728	\$ 26,572	\$ 2,215	\$ 511
3	\$ 25,820	\$ 47,767	\$ 3,981	\$ 919	\$ 33,566	\$ 2,798	\$646
4	\$ 31,200	\$ 57,720	\$ 4,810	\$ 1,220	\$ 40, 560	\$ 3,380	\$ 780
5	\$ 36,580	\$ 67,673	\$ 5,640	\$ 1,302	\$ 47,554	\$ 3,963	\$ 915
6	\$ 41,960	\$ 77,626	\$ 6,469	\$ 1,493	\$ 54,548	\$ 4,546	\$ 1,049
7	\$ 47,340	\$ 87,579	\$ 7,299	\$ 1,685	\$ 61,542	\$ 5,129	\$ 1,184
8	\$ 52,720	\$ 97, 532	\$ 8,128	\$ 1,876	\$ 68,536	\$ 5,712	\$ 1,318
Each additional family member add	\$ 5,380	\$ 9,953	\$ 830	\$ 192	\$ 6,994	\$ 583	\$ 135

Saint Paul School
2025-2026 Tuition Rates

PreK-3 or 4 Tuition - Full-time M-F 8:00 am - 3:00 pm	\$ 6,812
PreK-3 or 4 Tuition - Part-time M-F 8:00 am - 12:00 pm	\$ 3,739
PreK-3 Tuition - M/W/F Full-time (3 year olds only) 8:00 am - 3:00 pm	\$ 4,256
PreK-3 Tuition - M/W/F Part-time (3 year olds only) 8:00 am - 12:00 pm	\$ 2,261
Kindergarten - 8th Grade - Catholic	
One Child	\$ 5,598
Two Children	\$ 9,278
Three Children	\$ 12,552
Four Children	\$ 13,108
Kindergarten – 8th Grade - Non-Catholic	
One Child	\$ 7,391
Two Children	\$ 11,212
Three Children	\$ 16,236
Four Children	\$ 16,770

The Diocesan Tuition Assistance Program 2025-26 School Year

Diocesan Tuition Assistance is granted annually to families with children enrolled in our Catholic schools for grades K-8. Awards are based on financial need, and families applying may receive up to half of the school's in-parish tuition rate.

Determining Financial Need: The assessment is based on the information provided in the application and supporting documents. A specialized formula, tailored for families with children in Catholic schools, is used. FACTS conducts a thorough review and verification process to ensure data accuracy.

How to Apply (One application per family):

Applications will be available online starting November 1, 2024, at <https://online.factsmgt.com>. Online applications are offered in both English and Spanish.

- An application fee of \$35 is required at the time of submission. This fee will be added to your tuition assistance award if you qualify for Diocesan assistance.
- Please allow approximately two weeks for FACTS to process each uploaded document. If additional information is required, you will receive an email from FACTS. All applications marked as "Complete" by the deadlines will be considered for the Diocesan Tuition Assistance Program.

For Grades K-8:

- Applications submitted by March 1, 2025, will be reviewed in Round 1. A 2023 Federal tax form is necessary. Award notifications will be emailed to all families with a "COMPLETE" application on April 10. You must "Accept" the award and register with the school or decline by May 10.
- Applications submitted by May 12, 2025, will be reviewed in Round 2. A 2024 Federal tax form is necessary. Award notifications will be emailed on June 11 to families with a "COMPLETE" application. You must "Accept" the award and register with the school or decline by July 15.

For Grades 9-12:

- Awards are evaluated on a rolling basis. Notifications will be sent directly by the high school. Please check your high school's website for further details.

Contact Information:

- **FACTS Customer Care:** 866-315-9262
- **Diocesan Contact:** Marissa Marcille, Financial Analyst, at 609-403-7163 or mmarci@dioceseoftrenton.org.



Uniform Information K-8

All uniforms are to be purchased from:

Flynn & O'Hara Uniform Company
10905 Dutton Road
Philadelphia, PA 19154
www.flynnohara.com/register

Grades K-8 Boys - Warm weather: Forest green short sleeve polo shirt with St. Paul School embroidered crest on the left chest with Flynn & O'Hara khaki shorts or pants, dark socks and all black sneaker shoe. Note – boys in K-4th grade may wear white or dark socks. A slip-on black sneaker is available.

Grades K-8 Boys - Cold weather: Forest green (long or short sleeve) polo shirt with St. Paul School embroidered crest on the left chest, Flynn & O'Hara khaki pants, dark socks and all-black sneaker. The dark green sweater (pull-over or cardigan) with embroidered crest or screen printed $\frac{3}{4}$ zip dark green sweat shirt is optional.

Grades K-4 Girls - Warm weather: Forest green short sleeve polo shirt with St. Paul School embroidered crest on the left chest with Flynn & O'Hara khaki shorts or skort OR plaid jumper with Peter Pan blouse and black Lycra under-shorts. Dark green knee socks and all black sneaker shoe should be worn with either uniform. The skort can be 1-panel with elastic back. A slip-on black sneaker is available.

Grades K-4 Girls - Cold weather: Forest green (long or short sleeve) polo shirt with St. Paul School embroidered crest on the left chest with Flynn & O'Hara khaki one-panel skort (with elastic back), or plaid jumper with Peter Pan blouse and black Lycra under-shorts or Flynn & O'Hara khaki pants. Dark green knee socks or dark green tights and all black sneaker shoe should be worn with either uniform. The dark green sweater (pull-over or cardigan) with embroidered crest or dark green screen printed sweat shirt or $\frac{3}{4}$ zip is optional.

Grades 5-8 Girls - Warm weather: Forest green short sleeve polo shirt with St. Paul School embroidered crest on the left chest with Flynn & O'Hara khaki double panel skort OR plaid Kilt, dark green knee socks and all black sneaker shoe.

Grades 5-8 Girls - Cold weather: Forest green (long or short sleeve) polo shirt with St. Paul School embroidered crest on the left chest with Flynn & O'Hara khaki double-panel skort or plaid kilt or Flynn & O'Hara khaki pants, dark green knee socks or dark green tights and all black sneaker shoe. The dark green sweater (pull-over or cardigan) or $\frac{3}{4}$ zip dark green sweat shirt with embroidered crest is optional.

***Phys Ed – K-8 Warm weather:** Gold screen printed t-shirt with green screen-printed mesh shorts, black socks, and all black sneaker.

***Phys Ed – K-8 Cold weather:** Gold screen printed t-shirt with green screen-printed sweatpants and either the green screen printed crewneck sweatshirt or quarter zip, black socks and all black sneaker.

****Phys Ed Uniforms are to be worn to school on Phys Ed days. Note – students in K-4th grade may wear white or dark socks.***



St. Paul School

Child Care

Child Care is available before and after school every day. Billing of Child Care will be sent home on a bi-weekly basis. We ask that each bill be paid in a timely manner before the next billing cycle. Payment should be made online at: stpaulburl.org/child-care.



Child Care Fee Schedule

Mornings 6:45-7:45am	\$5/day - \$20 per 5 consecutive days
Afternoons 3:00-3:30pm	\$5/day - \$20 per 5 consecutive days
Afternoons 3:00-6:00pm	\$25 per day - \$100 per 5 consecutive days
Half Days 12:00-3:00pm	\$25 per day
Half Days 12:00-6:00pm	\$30 per day

*Pickup AFTER 6:00pm - \$30 charge.