



St. Ann Classical Academy

40 Second Avenue | Raritan, NJ 08869 | P: 908-725-7787 | F: 908-541-9335 | www.stannclassical.org

Aftercare Program – 2026-2027

- ◆ The Aftercare Program will run from dismissal to 6:00pm.
- ◆ The playground will be used as recreational areas.
- ◆ There will be a supervised study/homework period.
- ◆ The school cafeteria will be used for the Aftercare Program, unless otherwise noted.
- ◆ Children are to bring their own snack for aftercare.
- ◆ Parents will pick up their child at the cafeteria door entrance of the school located on Anderson St.
- ◆ For those paying monthly rates, *payments are due on the first day of the month*. All other families will be billed at the end of each month according to the rates below. If payment is not received within 10 days of the billing, aftercare services will be suspended until full payment is received.

Monthly Rates

Days/Week Attending	Monthly/ 1st child	Monthly /2nd child	Monthly/3rd child
5 days	\$421/ mo.	\$313/ mo.	\$216/ mo.
4 days	\$346/ mo.	\$265/ mo.	\$184/ mo.
3 days	\$281/ mo.	\$216/ mo.	\$151/ mo.
2 days	\$216/ mo.	\$167/ mo.	\$119/ mo.
1 day	\$151/ mo.	\$119/ mo.	\$86/ mo.

Hourly Rates

Hourly Rate: **\$12.00 per hour for the first child**
 \$10.00 per hour for the second child
 \$8.00 per hour for the third child

To compensate for staff overtime, a late fee of \$10.00 for every 15 minutes must be paid for each child picked up after 6pm.

All school tuition payments must be up to date for a child to be eligible for the Aftercare Program.



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Aftercare Registration Form

Student Name _____ Grade _____

Student Address _____
Street _____ City _____

Home Phone _____ Birthdate _____

Home Email _____

Parent Contact Information:

First Contact Parent/Guardian

Second Contact Parent/Guardian

Name _____

Name _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

If parent or guardian cannot be reached, please contact:

Name _____

Cell Phone _____

Name _____

Cell Phone _____

Name _____

Cell Phone _____

For regular daily pick-up, my child may only be released to:

Name _____

Relationship _____

Name _____

Relationship _____

Name _____

Relationship _____

Student's Physician Name _____

Physician Phone _____

Student allergies and other health related conditions

Parent/Guardian Signature: _____ Date: _____



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The **Aftercare Program** is for students in *full-day Pre-Kindergarten through Grade 8*.

I would like my child/children to participate in the Aftercare Program for the 2026-2027 school year. I understand payments are due monthly*. I understand that a late fee will be charged for each child picked up after 6:00pm.

(* Families using this service hourly or daily will be billed at the end of the month.)

Please check as appropriate:

Indicate the days each week your child(ren) will typically be using this service:

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

OR

____ Days will vary each month and I will send a note to the teacher.

I would like to be billed using the:

Monthly Rates: _____

Hourly Rates: _____

Print Student Name(s):

Grade:

Parent/Guardian's Name(s): _____

Parent/Guardian's Signature