



St. Peter the Apostle Catholic School

515 Harmony Street
New Castle, DE 19720
302-328-1191

EXTENDED CARE PROGRAM 2022-2023

St. Peter the Apostle Catholic School offers families enrolled in our Preschool and Elementary Programs both before and after school care. **Before school care from 7:00 – 7:30 a.m. is available on all days when the school is in session and is included in your tuition.** All children arriving before 7:30 a.m. should proceed to the gym.

After-school care is available most days school is in session, including half-days, for an extra fee. Students in grades 1-8 will be able to spend the first hour doing homework in a classroom setting. The rest of the time may be spent on leisure activities.

HOURS: After-school care begins at dismissal and ends at 6:00 p.m.
Half-day care begins at early dismissal and ends at 6:00 p.m.
Designated driver should come to the front of the lower school for student pick up.

FEES: Registration Fee: \$25 per family (Regular Use, Occasional Use or Half-day Only Use)

Regular Use*:	<u>5 days per week</u>	<u>3 days per week</u>	<u>2 days per week</u>
1 child -	\$200 per month	\$120 per month	\$80 per month
2 children -	\$300 per month	\$180 per month	\$120 per month
3 children -	\$350 per month	\$210 per month	\$140 per month

* Add \$15 per month per child for all half-days (approximately 10) if desired.
For only some half-days, separate payment of \$25 per day per child

Occasional Use: \$20 per day per child + \$25 per child per half-day if applicable

Half-day Only: \$25 per half-day per child

Fees for regular use are paid through FACTS, with the monthly amount deducted from your bank account on the 5th of the month, beginning September 5, 2022, and ending May 5, 2023.

Occasional users and half-day only users should notify the school office and pay for the service by 9:00 a.m. on the day before the service is needed. In case of emergency during the school day, a telephone call to the school office and payment upon pick-up is acceptable.

Anyone who is not current on their tuition payment, lunch payment, or any other school fee will not be eligible to use extended care. **In addition, a minimum late pick-up fee of \$2 per minute for pick up after 6:00 p.m. will be assessed.**

To register for our extended care program, please return the attached form with your \$25 registration fee to the school office.

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Registration for
EXTENDED CARE PROGRAM 2022-2023

I would like to register for the extended care program and am enclosing the \$25 registration fee. I understand that additional fees of \$2.00/minute will be assessed for late pick-up after 6:00 p.m. I understand that delinquency in payment of tuition, lunch fee, or any other monies due to the school render us ineligible for extended care until paid. I agree to have fees for regular use paid through FACTS, with the monthly amount deducted from my bank account on the 5th of the month, beginning September 5, 2022, and ending May 5, 2023.

Table with 2 columns: Service Description and # Students - Cost. Rows include Regular Use 5 days per week, Regular Use 5 days per week plus all Half-days, Regular Use 3 days per week, Regular Use 3 days per week plus all Half-days, Regular Use 2 days per week, Regular Use 2 days per week plus all Half-days, Occasional Use, and Half-Day Only (From dismissal until 6:00 p.m.).

Child's Full Name

Grade 2022-23

Three horizontal lines for entering the child's full name.

Three horizontal lines for entering the grade for 2022-23.

Office Use only box containing fields for Registration, Monthly Fee, Half-day Fee, and FACTS Total, each with a horizontal line for input.

Signature of Parent/Guardian

Date

Horizontal line for the parent/guardian signature.

Horizontal line for the date.

SAINT PETER CATHOLIC SCHOOL

EXTENDED CARE PROGRAM ~~ EMERGENCY INFORMATION FORM

In case of illness or injury, we request that you fill in the form below and return it to the Extended Care Program immediately. Please inform the Main Office of any changes during the school year so that we can keep the office, nurse and extended care records up to date.

Child's Name: _____

Birth Date: _____ 2022-23 Grade: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Distinguishing marks on child: _____

Father's Name: _____ Phone #: _____

Address: _____ Cell Phone #: _____

Employer: _____ Day Phone #: _____

Mother's Name: _____ Phone #: _____

Address: _____ Cell Phone #: _____

Employer: _____ Day Phone #: _____

Relative or friend to be contacted if we cannot reach parents:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Do both parents have legal custody of the child? _____ If not, which parent? _____
(Custody papers should be on file in the school office)

PERSON(S) ALLOWED TO PICK UP YOUR CHILD(REN):

I DO – DO NOT give my permission for my child to be taken to a hospital by car or ambulance if immediate treatment is necessary and release the school for such actions.

HOSPITAL OF CHOICE, IF POSSIBLE: _____

FAMILY PHYSICIAN'S NAME: _____ PHONE # _____

Please note any special conditions such as: sensitivity to any drugs or insect stings; convulsions, excessive bleeding or any other special condition(s).

Parent/Guardian Print & Sign _____

Date _____