



St. Patrick School BeforeCare and AfterCare Registration 2017-18

Dear Parents,

St. Patrick School is happy to announce the start of a BeforeCare Program! For those needing early coverage the program will begin at 6:45am on September 11 with drop off in the main school building.

AfterCare will resume on September 6 - end of school day-6pm

We are able to provide reduced pricing for those who know they need BeforeCare or AfterCare on a regular basis. Pricing is monthly and includes any half days AfterCare is available.

In addition, drop ins and families not attending regularly are ALWAYS welcome and will be charged \$10/hour or any part there of. You will be billed through your SMART account monthly.

For those families using Aftercare on a regular basis, Monday- Friday until 6pm the first payment for September should be returned with the registration form (see reverse) by September 6. All subsequent monthly payments will be billed through SMART, due the first of the month prior to attendance. **As a bonus, if you sign up by September 6 for the full school year you will be billed for only 9 months, June attendance will be free.**

Monthly Pricing

BeforeCare- \$175/month

AfterCare- \$500/month

Please pack an additional snack.

Please note the following days that AfterCare is not offered—11/22, 12/22, 3/29, 6/19.

Please return the completed form to the school office by September 6 to receive June BeforeCare and/or AfterCare coverage free of charge.



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Family Name: _____ **pick up contact #** _____

Child's Name: _____ Grade: _____ *Allergies? _____ EPI? _____

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*Please provide additional allergy information on a separate sheet of paper if necessary.

September payment

BeforeCare Fee \$175 x # children _____

AfterCare Fee \$500 x # children _____

Total Enclosed: _____ Check # _____

We may be using Aftercare/BeforeCare on the following days.(circle choices)

BeforeCare M T W Th F AfterCare M T W Th F

BeforeCare Occasionally AfterCare Occasionally

I agree to be billed and pay through SMART Tuition for BeforeCare/AfterCare as registered above.

Parent Name: _____

Parent Signature: _____ Date: _____

Please list those authorized to pick up your child/ren:

1. _____ phone # _____
2. _____ phone # _____
3. _____ phone # _____

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