



MORNING AND AFTERSCHOOL PROGRAM – 2016-2017
Only offered on School Days

PHONE: Main School Office 261-3331 (between 7:00am – 3:00pm)
K-8 After School Care 457-6923 (beginning of ASC – 6:00pm)
ELC After School Care 261-0090 (beginning of ASC - 5:00pm)

GRADES: Preschool to 8th grade

TIME: K-8 Morning Care – 6:30 am earliest drop off – K1 (parents must sign children in)
ELC Morning Care – 6:30 am earliest drop off – Early Learning Center (parents must sign children in)
K-8 After School Care – Dismissal until 6:00 pm – Art Room (parents must sign children out)
ELC After School Care – Dismissal until 5:00 pm – Early Learning Center (parents must sign children out)

MONTHLY RATES: (\$50.00 off cost of two or more siblings for After School Care Rates Only - does not include morning or hourly.)
All monthly rates will be billed at the beginning of each month – no refunds for partial use due to trips or illness; hourly rates will be billed at the end of the month of use – all through the FACTS program.

Mornings: \$50.00 per month – ELC - 8th grade

Morning and Afterschool: \$7.50 per hour – ELC – 8th grade (if only coming sporadically or late pick-up)

Afterschool: \$150.00 per month – ELC (Less than \$8.50 per day annual average)
\$175.00 per month – K – 8th grade (Less than \$10.00 per day annual average)
LATE PICK UP FEES APPLY AT \$15.00 PER 5 MINUTES

SNACK: Morning snack is NOT provided by the program. Students may bring a breakfast/snack for morning care.
Afterschool snack IS provided by the program.

*** Additional Programs may be offered by private vendors – these will be separate/additional fees from this program.

All prices subject to change



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ENROLLMENT FORM (Check program/s that apply)

Childs Name _____ Grade _____
Monthly Morning Care (\$50.00): ___ ELC After School Care (\$150.00): ___ K-8 After School Care (\$175.00): ___ Hourly (Occasional Need): ___

Childs Name _____ Grade _____
Monthly Morning Care (\$50.00): ___ ELC After School Care (\$100.00): ___ K-8 After School Care (\$125.00): ___ Hourly (Occasional Need): ___

Childs Name _____ Grade _____
Monthly Morning Care (\$50.00): ___ ELC After School Care (\$100.00): ___ K-8 After School Care (\$125.00): ___ Hourly (Occasional Need): ___

By signing below I am agreeing to the policies and procedures that apply to St. Anthony School and this program as stated in the ASC handbook.

Parent Signature: _____ Date: _____ email: _____

Parent Signature: _____ Date: _____ email: _____