

# St. Maria Goretti School DayCare 2020-2021 **3 Days a WEEK**

## Grades 1<sup>st</sup> and 2nd Fees and Schedule

- Before School Care .....7:00 AM to 8:00 AM
- After School Care .....2:30 PM to 6:00 PM **(Monday, Tuesday, and Friday or Wednesday, Thursday, and Friday)**  
.....Noon to 6:00 PM on early dismissal days and Fridays

### Number of Students

### Monthly Rate

1 Student	AM Session \$50.00* PM Session \$100.00* AM/PM Session \$125.00*
2 Students	AM Session \$60.00* PM Session \$130.00* AM/PM Session \$170.00*
3 Students	AM Session \$75.00* PM Session \$170.00* AM/PM Session \$195.00*

## **NO Hourly Rates or Occasional Drop-Ins**

Late Fee  
(Must be paid immediately)

\$1.00 for every minute late  
after 6:00 PM

\*All Monthly Rates are due no later than the 15<sup>th</sup> of every month.

**Frequent lateness in picking up a student or failure to make monthly daycare payments will be grounds for terminating the student's participation in the Day Care Program. Afternoon Daycare Telephone 562-215-8975**

# St. Maria Goretti School Extended Day Care **3 Days a Week** 2020-2021 Contract

**All fees and previous balances from the prior school year must be paid in full for your student/student's to attend the 2020-2021 Day Care Programs.**

St. Maria Goretti School will provide daycare from 7:00 AM until 6:00 PM for students whose parents desire this arrangement to provide time for Zoom online class, arts and crafts, and supervised activities.

In return, the undersigned parent (s) agree to pay in advance the monthly fee no later than the **15<sup>th</sup>** of every month (see fee schedule) \$ \_\_\_\_\_ per month and a late fee of **\$1.00 for every minute** late when they fail to pick up a child by 6:00 PM (**must be paid immediately**). Frequent lateness in picking up a student or failure to make monthly daycare payments will be grounds for terminating the program's participation.

Failure of a student to comply with the St. Maria Goretti School Program's rules and discipline requirements may subject the student to denial of further participation in the program. **Daycare supervisors will enforce rules and discipline requirements mandated by the school.**

The undersigned parents agree to indemnify and hold harmless the school and all of the agents, employees, and consultants (paid or volunteers) from any loss or liability arising out of their extended school daycare program as such loss or liability relates to the student/student's covered by this contract.

**Desired Program:**     \_\_\_\_\_ **AM Session # of Students** \_\_\_\_\_  
(Please check one)    \_\_\_\_\_ **PM Session # of Students** \_\_\_\_\_  
                              \_\_\_\_\_ **AM/PM Sessions # of Students** \_\_\_\_\_

**3 Days Attending:** **Monday**\_\_\_ **Tuesday**\_\_\_ **Wednesday**\_\_\_ **Thursday**\_\_\_ **Friday**\_\_\_

The name, grade, & date of birth of students who are to be included in the programs are:  
(Please print)

Name	Grade	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

The following are the names and telephone numbers of persons authorized to pick up my student/ students after school or call in an emergency.

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____

**Medical Release Form for Student/Students Listed on the Previous Page**

**To Whom It May Concern:** I permit emergency Medical Treatment for

\_\_\_\_\_  
*(Student/Student's Names – Please Print)*

Who is/are enrolled in the Extended Day Care Program.

Father's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Emergency Information**

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_

Allergies or other problems: \_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Wk. Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Wk. Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_ Wk. Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_