

# St. Maria Goretti School DayCare 2017-2018

## Fee Schedule

- Before School Care .....7:00AM to 8:00AM
- After School Care .....2:30PM to 6:00PM (Fridays 1:15 PM)  
.....Noon/1:15PM to 6:00PM on early dismissal days

### Number of Students

### Monthly Rate

1 Student	AM Session \$95.00* PM Session \$200.00* AM/PM Session \$240.00*
2 Students	AM Session \$110.00* PM Session \$250.00* AM/PM Session \$320.00*
3 Students	AM Session \$145.00* PM Session \$320.00* AM/PM Session \$370.00*

**Hourly Rate / Occasional Drop-ins \$5.00 per student, per hr\*\***  
**10 minutes or more you are charged for the FULL HOUR.**

**Late Fee** \$1.00 for every minute late  
**(Must be paid immediately)** after 6:00PM

\*All Monthly Rates must be paid no later than the 15<sup>th</sup> of every month.

\*\*Occasional drop-ins are billed to you monthly. You will be automatically switched to a monthly rate if hours are exceeded.

**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  
2017-2018 Contract**

**All fees and previous balances from the prior school year must be paid in full for your student/student's to attend 2017-2018 Day Care Programs.**

St. Maria Goretti School will provide day care from 7:00 AM until 6:00 PM for those students in the school whose parents desire this arrangement for the purpose of providing time for homework, 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 (occasional drop-ins are billed to you monthly) 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 student's participation in the program.

Failure of a student to comply with the rules and discipline requirements of the St. Maria Goretti School Program may subject the student to denial of further participation in the program. **Rules and discipline requirements will be strictly enforced.**

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 day care 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** \_\_\_\_\_  
                                  \_\_\_\_\_ **\*Occasional Drop-ins # of Students** \_\_\_\_\_  
                                  **\*(2 or less days per week only)**

**You will be switched to monthly session fee if days are exceeded.**

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.	_____	_____	_____

**\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\***

**The following are the names and telephone numbers of persons who are authorized to pick up my student/student's after school or to be called in an emergency.**

<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

**To Whom It May Concern:** I give permission for 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#: \_\_\_\_\_