

# St. *P*hilomena School

*bringing faith to life and life to faith*

## Child Care Registration 2023-2024

Child Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

### **Before Care Program from 6:30am-7:40am (please check days needed)**

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

### **After Care Program from 3:00pm-5:30pm (please check days needed)**

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

## Emergency Information

We will always try the parent/guardian first in case of emergency. Please provide additional names and numbers to contact in the event we are unable to contact a parent/guardian.

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical and Medication Authorization

Allergies: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

# Care Fees 2023-2024

## BEFORE CARE (6:30-7:40am) RATES:

\$6.00 per day for 1<sup>st</sup> child

\$2.00 per day for each additional child

## AFTER CARE RATES:

Pick up times between	3-4:30pm	4:30-5:30
1 child	\$10.00	\$20.00
2 children	\$12.00	\$23.00
3 children	\$14.00	\$26.00

## SUPPLY FEE

A \$25.00 Supply fee for the first child is required of all participants annually for purchase of supplies. \$15 per each additional child is charged. (\$55 max per family)

## LATE PICK UP FEE

A late pick up fee of \$5.00 per 15 minutes after 5:30 will be charged.

Care fees will be billed weekly through the FACTS system by the parish bookkeeper, Susan Clark. You will only be charged for the days you use from the previous week. You will receive an emailed invoice through FACTS.

**You must be enrolled in FACTS before the first day of school begins.** Please contact Susan Clark at [susaclar@stphils.com](mailto:susaclar@stphils.com) with any questions.

## Financial Agreement for the St. Philomena Care Program

Name of Person Paying Fees: \_\_\_\_\_ Percentage: \_\_\_\_\_  
\_\_\_\_\_ Percentage: \_\_\_\_\_

I agree to pay on time each week for the Care Program as I use it. I understand it is my responsibility to reach out to Susan Clark [susaclar@stphils.com](mailto:susaclar@stphils.com) if I am unable to make payments for any reason. I understand that my child(ren) will not be able to use the St. Philomena Care Program until I have arrangements made to take care of my payments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_