



## Child Care Registration 2025-2026

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

Homerroom: \_\_\_\_\_ 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 to contact 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 Information and Medication Authorization

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

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

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

## Care Rates and Fees 2025-2026

Care fees will be billed weekly through the FACTS system by the parish bookkeeper, Susan Clark. You will receive an emailed invoice through FACTS. Your student(s) must be enrolled in FACTS prior to the first day of school. Please contact Susan Clark at [susaclar@stphils.com](mailto:susaclar@stphils.com) with any questions.

You will only be charged care fees for the days you use the program from the previous week. Please notify the school office and/or homeroom teachers as soon as possible prior to the end of the school day for any pickup schedule changes.

### Before Care 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	3:00-4:30pm	4:30-5:30pm
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.

## Financial Agreement for the St. Philomena Care Program

Name of Person(s) 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 at [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: \_\_\_\_\_