

St. *P*hilomena School

bringing faith to life and life to faith

Child Care Registration 2024-2025

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 2024-2025

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

\$6.00 per day for 1st 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 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 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: _____