



EXTENDED DAY PROGRAM 2022-2023

After School Care (Dismissal until 5:30 PM)

Full-time Attendee: Student who uses after school care five days per week

Monthly Payment: 1 child \$200.00 2 children \$310.00 3 children \$410.00

Part-time Attendee:

Daily Rate: \$35.00 per child

Student who uses after school care a few regularly scheduled days per week. (Drop-in services are not available at this time. Please designate the days you intend to use After School Care on this form. Because we designate staffing in advance, unused days cannot be refunded.)

Late pick-up policy: Full and Part Time Attendees: A \$5.00 per minute late fee per student will be charged for students picked up after 5:30 PM.

Early Dismissal Days:

Full-time After School Care Attendee: No extra charge

Daily Rate for Part-Time After School Care Attendee: \$35.00 per child

Before School Care (7:15-8:00 AM)

Full-time Attendee:

Student who uses before school care every morning every day

Monthly Payment:

First Child: \$60.00 per month (Sept.-May) Additional Children (per child) \$50.00 per month (Sept.- May)

Part-time Attendee: \$50 per month Student who use our before school care only a few days per week, designated in advance. (Drop in services are not available at this time.) **Daily Rate:** \$5.00 per child

Payment Information

Recurring monthly payments for extended care services will only be accepted via FACTS Incidental billing. Your account will be charged monthly for your previous month's extended care billing. (If you have any questions concerning this, please contact Julie Wise at jwise@spxschool.com.)

Extended Day Program Registration Form 2022-2023

_____ Before School Care _____ After School Care _____ Both

- In black/blue ink, please type or print all information below (except parent signature).
- Attach check or money order for \$35.00 no refundable registration fee (per family).
- **Payment: For All Attendees (new and returning students):** Recurring monthly payments for extended care services will only be accepted via FACTS Incidental billing. Your account will be charged monthly for your previous month's extended care billing. (Please note, because staffing determinations are made in advance, unused days cannot be reimbursed.)
- If you have any questions concerning this, please contact Julie Wise at jwise@spxschool.com.

Student's Name

Date of Birth

Homeroom

Student's Address

City

Zip

Mother: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Father: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Additional Contact Person: _____

Phone: _____

Cell Phone: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Preferred Hospital: _____

Insurance Company: _____

Policy # _____

Indicate any known fears, allergies, medication, etc., that the staff should know; list by child:

Before School Care: Please Check: Full-Time: _____ (5 days per week)
Part-Time: _____ (Circle days: M T W Th F)

After School Care: Please Check: Full-Time: _____ (Monthly Payment)
Part-Time: _____ (Circle days: M T W Th F)

Please list names of other people who have your permission to pick up your child/ren:

I give my permission for my child/ren, in case of an emergency, to be taken to a physician or hospital by either school personnel or an assigned representative. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the person in charge to hospitalize and secure proper treatment (including surgery) for my son/daughter. I am the responsible party for hospitalization payment.

Parent Signature: _____ **Date:** _____

REGISTRATION SUBMISSION

Please bring/mail the Registration Form and registration fee to:

**St. Pius X Catholic School
2200 N. Elm Street
Greensboro, NC 27408**