

**FALCON'S NEST
EXTENDED CARE CONTRACT 2016 / 2017**

Family Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Email address for billing and communication: _____

Children Enrolling (Name & Grade)

\$50.00 Annual Registration fee 1st Child \$10 each additional child

\$25 Snack Fee per Child is to be submitted with this contract to reserve a place for your child.

<u>Morning Care 7AM to 8 AM</u>	<u>Monthly Fee</u>	<u>Days</u>
5 Day per Week	\$55.00	M through F
<u>Afternoon Care 3 PM to 6 PM</u>	<u>Monthly Fee</u>	<u>Days</u>
5 Days per Week	\$160.00	M through F
4 Days per Week	\$145.00	M T W Th F (circle which days)

Fees for August are all based on hourly fees.

The monthly fees are based on the operating costs of the Falcon's Nest Program. There will be nine equal monthly payments. No credit is given for absences or scheduled school holidays with the exception of Christmas vacation. (December and June are pro-rated with June payment being paid in December.)

PAYMENT DUE: A \$25 late fee will be charged after the 10th of each month.

LATE PICK-UP: Parents will be charged \$1.00 per minute per child for each minute your child remains in the program after 6 pm, **PAYABLE @ TIME OF PICK-UP.**

My total monthly fee will be \$_____ and is to be submitted to the **SCHOOL OFFICE** no later than the 10th of each month beginning Sept.10th.

Changes to this contract will be honored if submitted to the Extended Care Director in writing two weeks prior to the first of the month.

I understand the terms of this agreement and accept responsibility for the stated monthly fee.

Signature: _____ (mother, father, guardian)

Date: _____

Falcon's Nest (Hourly Fees) 2016/17

Family Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Email address for Billing and Communications: _____

Children Enrolling (Name & Grade)

REGISTRATION: \$50 1st Child \$10 each additional Child

Snack Fee \$25 per Child is to be submitted with this contract to reserve a place for your child.

For families wishing to pay hourly fees instead of a flat monthly fee, the following hourly rates apply: PER CHILD

REGISTERED HOURLY:

For REGULAR FREQUENT use (more than 20 hrs. Monthly)

\$5.00 per hour for the first hour or any portion thereof. After the first hour, charges will be billed on the 1/2 hour or any portion thereof.

For SELDOM / OCCASIONAL use (less than 20 hrs. Monthly)

\$7.00 per hour for the first hour or any portion thereof. After the first hour, charges will be billed on the 1/2-hour or any portion thereof.

NON- REGISTERED: FEE IS PAYABLE WHEN CHILD IS PICKED-UP.

\$10.00 per hour or any portion thereof.

LATE PICK-UP:

Falcon's Nest closes at 6 p.m. Parents will be charged **\$1.00 per minute** for each minute their child/ren remain in the program after that time. **This fee is payable at time of pick-up.** If parents are repeatedly late in picking up their child/ren they may be asked to remove children from the program.

BILLING: Parents will be billed by the third school day following the end of the month. Payment is due by the 10th of each month. **A \$25.00 late fee will be charged after that date.**

EXTENDED CARE FEES FOR THE MONTH OF JUNE MUST BE PREPAID.

I have read and agree to the above _____ Date _____

Extended Care Registration Form

Fee Paid:

Please complete this form and return it to the Extended Care Director or the Office along with the Registration fee (\$50 for 1st child, \$10 for each additional child) and all other paperwork.

This form is vital to helping us provide fast, accurate and caring attention to your child in the event of an emergency. Please fill it out completely and in clear easy to read handwriting. Please notify us immediately if anything changes throughout the year.

Parent(s) or Guardian(s) Info: Please Print

1. _____ 2. _____

Mothers Home Address: _____

Fathers Home Address: _____

Mothers		Fathers	
Email:		Email:	
Cell:		Cell:	
Work:		Work:	
Home:		Home:	

Children's Info:

Name	Grade	B-Day	Allergies	Other
1.				
2.				
3.				

I authorize the persons listed below (over 18 years of age), other than parent or sibling, to pick up my child(ren) from Extended Care: Please list relationship (Aunt, CYO Coach, Family Friend, etc.)

Name (Please print clearly)	Phone	Relationship
1.		
2.		
3.		
4.		
5.		

IS THERE ANYONE WHO MAY NOT PICK UP YOUR CHILD(REN) YES / NO

Name (Please print clearly)	Phone	Relationship
1.		
2.		

Persons to be called 1st in an Emergency:

Name (Please print clearly)	Phone	Relationship
1.		
2.		

I have read and fully understand the rules and regulations of the Falcon's Nest Extended Care Program at St. Felicitas Catholic School.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____