

**St. Jarlath Catholic School**

**Extended Care Contract**

Family Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Child(ren) Enrolling- Name and Grade:

\_\_\_\_\_  
(Name) (Grade) (Name) (Grade)

\_\_\_\_\_  
(Name) (Grade) (Name) (Grade)

Persons to be called in case of emergency:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please select the program/s that you are registering your child(ren) for:

**Morning Care: 7:00 am – 7:45 am**

**5 days per week (Monday – Friday)**

**Flat rate:** \$2.00 per child

**Afternoon Care: 3:15 pm -6:00 pm (2:15pm -6 pm on Wednesdays – Early Dismissal Days)**

**5 Days per week (Monday – Friday)**

**Monthly Fee:** \$150 per month for 1 child  
\$262 per month for family of 2  
\$337 per month for family of 3  
\$375 per month for family of 4

**Hourly Use:**

\$5.00 per hour per child