



ST. CATHERINE OF SIENA SCHOOL

Middle States Accredited

39 E. Bradford Avenue, Cedar Grove, NJ 07009

Telephone 973-239-6968 Fax 973-239-1008

www.scs-school-cedargrovenj.org

SCS EXTENDED DAY PROGRAM

2023-2024

Extended Day will begin with the *first day* of school for grades K-8 as well as for PK 3 and PK 4. Payments are made monthly, September-June.

Thank you,
Mrs. Carmelyn Barbarito
Mrs. Peg Velsor
Program Directors

	<u>1 Child</u>	<u>2 Children</u>	<u>3 or more Children</u>
Before Care <i>only</i>	\$100.00 per child		
After school <i>only (until 6:00)</i>	\$240.00	\$365.00	\$450.00
Before & After school <i>(until 6:00)</i>	\$275.00	\$410.00	\$505.00
Limited Care (includes Before school if needed, and After school until 4:00 only)	\$185.00	\$210.00	\$235.00

Emergency Drop-Ins

Payment must be paid at time of pick-up:

\$20 per child - after school only; payable per diem basis

\$5 per child - before school; payable per diem basis.

\$30.00 per child for half-day aftercare grades PK-8.

(24-hour notice is requested if possible)

Billing

10 monthly payments due on the 1st of each month (September through

June). Your Smart Tuition account will be charged your monthly rate.

Payments made after the 10th of the month will incur a \$40 late fee.

Late Fee for pick up

\$20.00 per child for each 15 minutes after 4:00 pm or 6:00 pm depending on your scheduled pick-up time.

EXTENDED DAY PROGRAM REGISTRATION

Before Care - opens at 7:30 (AM only) AM _____	Limited Care (to 4:00 only): AM _____ PM _____	Full Extended Day (to 6:00): AM _____ PM _____
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Family Name _____ Primary Phone # _____

Home Address _____

Email Address Required _____

Child(ren) _____ Grade _____

_____ Grade _____

_____ Grade _____

Please list the person(s) (must be 18 years of age or older) who are allowed to pick up your child(ren):

Father's Name: _____ Work Phone # _____

Cell Phone # _____

Mother's Name: _____ Work Phone # _____

Cell Phone # _____

NAME, RELATIONSHIP, PHONE NUMBER

Please Note: Your child(ren) will not be released to anyone whose name does not appear on this form.

Please list below any allergies or medical conditions your child(ren) has:

If any of the above information changes, I will notify the school in writing. I have read and will comply with the guidelines of the Extended Day Program.

Parent signature _____ Date _____