

St Thomas More Catholic School

2017-18 Aftercare Information and Enrollment Form

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Hours of operation: 2:45pm – 5:45pm

- Requests for option changes must be communicated via email to the AC Director no later than **the 20th of the month**.
- There are **NO** refunds for absences due to illness, travel or school cancellations.
- Option changes are limited to two (2) per year.
- Option #1 and Option #2 tuition is billed at the beginning of each month through your FACTS incidental billing account (not auto withdrawal)
- Option #3 is billed through FACTS incidental billing account at the end of the month based on attendance for that month. Exceptions will be made on a case by case basis.
- Tuition is divided into 9 equal payments from September 1st– May 1st.
- Aftercare is available on all early dismissal and late arrival days unless otherwise noted on the school calendar.

OPTIONS and FEES - *Please circle preferred option*

\$75 Registration Fee will be billed with your September AFTERCARE TUITION payment via FACTS!

- Option #1 (5 days): First child \$312 - Second child \$222 - Third child \$170
- Option #2 (3 days): First child \$270 - Second child \$190 - Third child \$144
- Option #3: (Occasional/per day) First child \$37 - Second child \$27 - Third child \$22

Child(ren's) Names _____ Grade _____
_____ Grade _____
_____ Grade _____

In an emergency who is to be called first? Circle one - Mother Father Other (add contact info on the back)

Mother's name _____ Cell _____ Work _____

Email _____

Father's name _____ Cell _____ Work _____

Email _____

In the case of illness or a medical emergency: I consent to have the staff at STM Aftercare Program contact my child's doctor or have my child taken to the hospital. I agree to come for my child if informed that he/she is too ill to remain in until pickup time. I agree to pay all fees promptly & understand that failure to pay may result in my child not being allowed to continue in the aftercare program. **I am fully aware of all fees and times of operation.** I will contact the Aftercare Director if any of the above information changes.

Parent's Signature _____ Date _____

Persons authorized to pick-up your child

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

FOR OFFICE USE ONLY: Change request #1 _____ Date _____

Change request #2 _____ Date _____

Additional notes: _____