



Saint Bernadette Extended Day Contract 22-23

I wish to enroll my student(s) in Extended Day at Saint Bernadette for the following (please "X" your selection):

Morning Only **Grades K-8**, 6:45-7:45 am; \$250/month per student, regardless of the number of days/week attended.

	1 student	2 students	3 students	4 students	5 students
Per Month	\$520	\$795	\$1,066	\$1,340	\$1,612
Per Year	\$4,680	\$7,155	\$9,594	\$12,060	\$14,508

Morning and Afternoon Care 5 days/week for K-8 and PreK (if older siblings attend St. Bernadette School)

*Morning and Afternoon Care 3 consistent days/week, the rate is 60% of the above chart.
Circle the 3 days: Monday, Tuesday, Wednesday, Thursday, Friday

*Morning and Afternoon Care 2 consistent days/week, the rate is 40% of the above chart.
Circle the 2 days: Monday, Tuesday, Wednesday, Thursday, Friday

For Pre-K Students Only (with no siblings in school), Afternoon Care 5 days/week	
1 PK student	2 PK siblings
\$585 per month	\$935 per month

PK Afternoon Care 5 days/week

*PK Afternoon Care 3 consistent days/week, the rate is 60% of the above chart.
Circle the 3 days: Monday, Tuesday, Wednesday, Thursday Friday

*PK Afternoon Care 2 consistent days/week, the rate is 40% of the above chart.
Circle the 2 days: Monday, Tuesday, Wednesday, Thursday Friday

Wednesday Early Dismissal Only, 2:00-6:00 pm, \$60/month per PK-8 student

Drop-in \$15/morning (K-8 ONLY) per student, \$35/afternoon (PK-8) per student.

Late Carpool Pickup: \$15/day per student, for those picked up prior to 4:00 pm. Late Extended Pickup: \$2 per minute per child past closing time.

Students' Last Name: _____

Name	Grade	Name	Grade
Name	Grade	Name	Grade

Billing dates: First of every month September 1-May 1

Fee schedule: Aug/Sept, October, November, December, January, February, March, April, May/June

Fees are divided over 9 months, and are the same regardless of the number of days in the billing period. No refunds given due to absences or non-attendance.

The above fees will be attached to our family's FACTS "Auto Pay for Incidental Billing" Account for the duration of the school year.

Parent Signature

Date

