



Our Lady of Fatima Extension Care Agreement

Registration fee: \$25.00 per family

Morning Care arrival between 7:00 – 7:45 a.m.* The morning care rate applies also to any Kindergarten child who remains only from 2:00 – 2:45. That rate is \$20.00 a month.

___ One child ___ Two children ___ Three+ children

*Morning rate does not fluctuate based on the number of mornings a child attends during any week, nor does the rate fluctuate based on the time of arrival between 7:00 – 7:45.

Monthly fees: Grades K – 8, from 2:45 – 6:00

First payment is due on 1 September and the last payment is due on 1 May. Payments are made in advance. A \$10.00 late fee will be assessed for payments made after the 10th of the month. There is no charge for the last week of August and no charge for the last week of school. There is no prorating. Drop in students must be registered. Two week’s notice needs to be given if it is necessary to change the number of days children will be attending Extension Care.

*These rates include minimum days. There is no additional charge for the week in August or the week in June. Monthly fees begin on 1 September and end with the payment on 1 May.

Place an “x” in front of the number of days for which you are registering your child/ren.

| Days | One Child | Two Children | Three+ Children |
|-------|-----------|--------------|-----------------|
| ___ 5 | \$175.00 | \$210.00 | \$245.00 |
| ___ 4 | \$145.00 | \$180.00 | \$215.00 |
| ___ 3 | \$105.00 | \$140.00 | \$180.00 |
| ___ 2 | \$ 75.00 | \$110.00 | \$145.00 |
| ___ 1 | \$ 35.00 | \$ 70.00 | \$105.00 |

Drop-ins are \$10.00 per day per student.

Minimum Day Attendance Only (Approximately 26 days a year). Paid in advance with no refunds.

___ One child: \$150.00 ___ Two children: \$175.00 ___ Three+ children: \$200.00

Extension Care is open only on days all K-8 children are in school (180 contact days). The Extension Care is closed on Holy Thursday and the last day of school.

Child’s name: _____ Grade: _____

Child’s name: _____ Grade: _____

Child’s name: _____ Grade: _____

I/We agree to pledge to actively support the mission and philosophy of Our Lady of Fatima School, to cooperate with the school’s administration and staff, and to have the above named student(s) comply with Extension Care guidelines.

Date: _____

Initials: _____ / _____