



St. Francis of Assisi School
Extended Care Registration

2018-2019 Extended Care Rates

Effective Date: _____

Monday – Friday: 7:00 a.m. – 7:40 a.m. and 2:30 p.m. – 6:00 p.m.

Per family registration fee: \$100 (added to your first Extended Care FACTS invoice)

Please select an option below:

- Monthly** **Hourly**
- 1st child: \$175 per month \$11 per hour for any increment of an hour.
- 2nd child: \$125 per month
- 3rd child: \$ 75 per month

All Extended Care fees are invoiced through the FACTS Tuition Management System. These invoices are emailed monthly to parents from FACTS Tuition Management. Please make sure to allow email from noreply@factsmgt.com to your email account.

Monthly fees are a pro-rated annual cost for the entire school year billed from September through June. The monthly cost is due regardless of the number of days the school is open in any given month. Initial _____

All charges are billed on the 10th of the month, due within 15 days. **Unpaid balances past 45 days will be assessed a \$35 late charge.**

Families will be enrolled in Auto Pay on FACTS separately from your tuition payments. Initial _____

Question regarding your Extended Care billing, can be sent to accounting@sfayl.org.

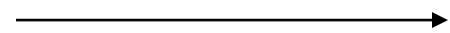
If you have any questions regarding the Extended Care program, please contact the Extended Care Director, Ms. Lorenz, at jlorenz@sfayl.org or (714) 267-3380.

Thank you!

All fields must be completed

Last Name:	
Mailing Address:	
City:	State, Zip:
Home Phone:	

Father/Guardian	Mother/Guardian
Name:	Name:
Address (if other than mailing address)	Address (if other than mailing address)
Cell Phone:	Cell Phone:
Employer:	Employer:
City:	City:
Business Phone:	Business Phone:



CHILD 1			
First Name	Last Name	Date of Birth	Grade
		/ /	
MEDICAL/HEALTH PRECAUTIONS: <i>(Please list all allergies, medications taken, precautions, or other important health information or conditions)</i>			

CHILD 2			
First Name	Last Name	Date of Birth	Grade
		/ /	
MEDICAL/HEALTH PRECAUTIONS: <i>(Please list all allergies, medications taken, precautions, or other important health information or conditions)</i>			

CHILD 3			
First Name	Last Name	Date of Birth	Grade
		/ /	
MEDICAL/HEALTH PRECAUTIONS: <i>(Please list all allergies, medications taken, precautions, or other important health information or conditions)</i>			

EMERGENCY CARE INFORMATION: Please list a minimum of 2 contacts – authorized by you to sign your children out of daycare

Name		Relationship to Child	
Home Phone		Cell Phone	
Name		Relationship to Child	
Home Phone		Cell Phone	
Name		Relationship to Child	
Home Phone		Cell Phone	
DOCTOR NAME	Address	City	Telephone ()

By signing below, I/we acknowledge that I/we have read, understand, and agree to all of the above conditions of enrollment at St. Francis of Assisi School Extended Care Program and the Extended Care Handbook which can be found on the school website (www.sfayl.org). I understand that my children's registration for St. Francis of Assisi School's Extended Care Program will not be complete until this form is signed and returned to the school office.

Parent/Guardian Signature: _____ **Date:** _____