



EXTENDED TIME PROGRAM 2024-2025 REGISTRATION FORM

Extended time is an after-school program offered to St. Thomas the Apostle PreK-8th grade students. The program provides adult supervision with homework time and a variety of both indoor & outdoor activities.

Monthly Tuition Rate for 4:15 pm or 5:00 pm pick-up

	1 Child	2 Children	3 Children
2 days/week			
4:15 pm pick up.....	\$130/month.....	\$220/month.....	\$325/month.....
5:00 pm pick up	\$180/month.....	\$300/month.....	\$445/month.....
3 days/week			
4:15 pm pick up	\$180/month.....	\$295/month.....	\$435/month.....
5:00 pm pick up	\$245/month.....	\$400/month.....	\$595/month.....
4 days/week			
4:15 pm pick up	\$215/month.....	\$340/month.....	\$500/month.....
5:00 pm pick up	\$295/month.....	\$470/month.....	\$695/month.....
5 days/week			
4:15 pm pick up	\$245/month.....	\$365/month.....	\$525/month.....
5:00 pm pick up	\$340/month.....	\$500/month.....	\$700/month.....

- Tuition: Bills will be generated a month in advance.
- Full monthly tuition is expected September through May.
- Extra days, when needed, can be added for a fee of \$30.00/\$35.00, per day, per child per pick-up

Please note: There will be no Extended Time offered on Early Dismissal days or on days when school is closed.

Child's First Name

Last Name

Grade

- _____
- _____
- _____
- _____

- Please check days of attendance and pick-up times: 4:15 pm or 5:00 pm. If needed, days of attendance can be flexible each week to accommodate work schedules.

4:15 pm 5:00 pm

Monday

Tuesday

Wednesday

Thursday

Friday

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Monthly Tuition \$ _____ Parent/Guardian Printed Names _____

Parent/Guardian Signature _____ Date _____

***Please note the nonrefundable processing fee of \$35.00 per family will be charged prior to the program starting. Please sign up early, there may be a limited number of spaces available.**

Please send a healthy snack for your child(ren).

All Parent/Guardian contact information will be extracted from FACTS. This will include:

- Family Name (Parents/Guardian)
- Address
- Cell Numbers
- Home Numbers
- Work Numbers

All Medical and allergy information will be provided by the St. Thomas nurse based on the information you provided for your child(ren).

In addition to the Parents/Guardian, please list other persons authorized for pick up.

ADDITIONAL PERSON(S) AUTHORIZED FOR PICK-UP:

Name	Relationship	Cell #	Other #

Signature of Parent/Guardian: ____

_____ Date: _____

Return form to Mr. Houston, Extended Time Manager
shouston@stthomascl.org