

**ST. CLARE OF MONTEFALCO
EXTENDED DAY PROGRAM
2017-2018**

Location: First floor of the Sweeney Center. Entry doors on the Charlevoix side of building.

Hours of Operation: Extended Day opens before school, starting at 6:45 am and remains open after school until 6:00 pm. **Late fees will be applied starting at 6:01 pm.**

The Extended Day Program is open when the main school is open, Monday through Friday. If the school is closed or canceled for any reason (holiday or snow day) the program will be closed also.

ST. CLARE OF MONTEFALCO RATES AND FEES

Registration Fee (annual, non-refundable)

\$100.00 per Family

	One Child	Two or more children	Three or more children
Extended Day Rates Based on One Hour Units	\$5.00	\$4.50	\$4.00

Full Day Schedule

6:45 am to 8:01 am – 1 unit
 3:30 pm to 4:00 pm – 1 unit
 4:01 pm to 5:00 pm – 1 unit
 5:01 pm to 6:00 pm – 1 unit
 6:01 pm late fee will be applied

Half Day Schedule

12:01pm to 1:00 pm – 1 unit
 1:01 pm to 2:00 pm – 1 unit
 2:01 pm to 3:00 pm – 1 unit
 3:01 pm to 4:00 pm – 1 unit
 4:01 pm to 5:00 pm – 1 unit
 5:01 pm to 6:00 pm – 1 unit
 6:01 pm late fee will be applied

Additional Fees

\$15.00 Late pick up (after 6:01 pm)
 \$15.00 Late fee for each additional 15-minute interval
 \$10.00 Late payments
 \$35.00 Returned check fee (NSF)

Billing: Bills are sent home with the oldest child. Failure to pay the bill within two weeks of the posting date will result in consequences beyond the late fee, such as: exclusion from the program and/ withholding records at the end of the year.

Payments are to be sent to the Main School Office only.

Cash, check or money orders (payable to St. Clare of Montefalco Extended Day) will be accepted. For more information please call 313-647-5100 between 8 AM – 4:00PM

2017-2018

Reg. Fee \$ _____
Date _____
Check# _____
Cash _____

Date: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip code: _____

Home Phone: _____

Mothers Work Phone: _____ Cell Phone: _____

Fathers Work Phone: _____ Cell Phone: _____

E-mail address: _____

Child's Name	Date of Birth	Grade in Fall

Please include a check or money order (made payable to St. Clare Extended Day) for the Registration Fee.

(An emergency card & health form for EACH child and a family contract are required before you may use the program.)