



ST. ANN SCHOOL  
Extended Care Program Contract

The mission of the St. Ann School Extended Care Program is to provide a safe and enjoyable experience for St. Ann School students who require care before school (6:30 – 8:00 a.m.) and/or after school (3:00 – 5:30 p.m.), while promoting the students’ spiritual, academic and social growth.

**Registration Agreement**

1. I understand that a \$10.00/family registration fee must accompany this form.
2. I understand that the St. Ann School Extended Care Program will provide services between the hours of 6:30 - 8:00 a.m. and 3:00 - 5:30 pm, Monday through Friday.
3. I agree to pay for St. Ann’s School Extended Care services **in advance/ weekly/ monthly** (please circle one). Payment is non-refundable; unused portions of payment may be credited to the account.
4. I understand that a late pick-up fee of \$10.00 per quarter hour will be assessed after 5:30 p.m.
5. I understand that my child will be released **ONLY** to those authorized as a designated pick-up person. In the event of an emergency, please notify the St. Ann School Extended Care Director if you need to change your authorized pick-up person.

Date: \_\_\_\_\_

Child(ren)’s Name(s) and grade(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please register my child(ren) for the St. Ann’s Extended Care Program on the following days/times (please put an “x” in each time slot your child(ren) will attend Extended Care at St. Ann’s and indicate the approximate times they will attend on each day):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING (A.M.) SESSION 6:30 – 8:00 A.M.	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
AFTERNOON (P.M.) SESSION 3:00 – 5:30 P.M.	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____

I, (Please print parent/guardian name here\*) \_\_\_\_\_, understand and agree to abide by the above policies regarding my child’s enrollment in the St. Ann School Extended Care Program.

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

If you have any further questions, please contact St. Ann School Extended Care Program Director, Lyra Gullickson at: (608) 712-9177 or [lyra.gullickson@stoughton.k12.wi.us](mailto:lyra.gullickson@stoughton.k12.wi.us)

*\*Agreement must be signed by the person(s) responsible for payment of St. Ann School Extended Care services.*



**ST. ANN SCHOOL  
Extended Care Fee Schedule**

**MORNING FEE SCHEDULE (before school)**

ARRIVAL TIME	DAILY RATE			WEEKLY RATE		
	1 child	2 children	3 children	1 child	2 children	3 children
6:30 a.m.	\$4.00	\$8.00	\$12.00	\$20.00	\$40.00	\$60.00
7:00 a.m.	\$3.00	\$6.00	\$9.00	\$15.00	\$30.00	\$45.00
7:30 a.m.	\$2.00	\$4.00	\$6.00	\$10.00	\$20.00	\$30.00

**AFTERNOON FEE SCHEDULE (after school)**

NUMBER OF DAYS	NUMBER OF CHILDREN		
	1 child	2 children	3 children
1	\$15.00	\$28.00	\$36.00
2	\$30.00	\$56.00	\$72.00
3	\$45.00	\$84.00	\$108.00
4	\$60.00	\$112.00	\$144.00
5	\$75.00	\$140.00	\$180.00

**DROP-IN FEE SCHEDULE (any unscheduled placement)**

TIMEFRAME	FEES (payment due day of service)
Morning	Same am MORNING fee schedule
Afternoon	\$5.00/child until 3:30 p.m.
Emergency Closing	\$5.00/child from release time to 3:30 p.m.