



For School Office use only

- Registration Fee Paid:
- Updated Form on file:

St. Francis of Assisi Catholic School

After School Care Program 2024-2025

Family Last Name _____

Student(s) Names _____

Month(s): _____

1. Select your option
2. **Pay one time Registration Fee of \$25.00**
3. Return to office with check payment

Select Option:

Days student will be attending:

	Mon	Tues	Wed	Thurs	Fri		Monthly Fee:
<input type="checkbox"/> 1 day / week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select 1 Day	\$ 36.00
<input type="checkbox"/> 2 days / week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select 2 Days	\$ 72.00
<input type="checkbox"/> 3 days / week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select 3 Days	\$ 108.00
<input type="checkbox"/> 4 days / week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select 4 Days	\$ 144.00
<input type="checkbox"/> 5 days / week	--	--	--	--	--		\$ 180.00

A current year Child Enrollment & Authorization Form must be on file!

A monthly invoice will be posted to your FACTS account after your form has been received.

**Scheduled, unused days will not be refunded or credited to future months.
Drop-ins are not allowed!**