Preschool – 8th Grade students enrolled at St. John Neumann Academy may also enroll in the academy’s Before and/or After School Care Programs. **If you wish to enroll your child(ren), in either or both of these programs, please complete the registration form below and return it with your enrollment form.**

**Before School Care Program Hours of Operation/Rates:**
- Monday – Friday / 7:30 a.m. – until Homeroom period
- No breakfast is served but children may bring something from home.
- Before School care is not available on days when a delayed opening is scheduled due to inclement weather.
- $780/year per child (5 days per week)
- $470/year per child (3 days per week)
- $310/year per child (2 days per week)
- $6/per child (Drop-in rate if space is available)

**After School Care Program Hours of Operation/Rates:**
- Monday – Friday / Dismissal - 5:30 p.m.
- After School care is not available on days when a noon dismissal is scheduled or the academy closes early due to inclement weather.
- After School care will include snack time (snack provided by parents/guardians), supervised homework time (if applicable), supervised crafts and/or game time, physical activity and free play, computer time, and “movie afternoons.”
- Pick-up may take place anytime convenient to the parent’s/guardian’s schedule as long as pick-up is no later than 5:30 p.m.
- $2,010/year per child (5 days per week)
- $1,210/year per child (3 days per week)
- $800/year per child (2 days per week)
- $410/year per child (1 day per week)
- $6/hour per child (Drop-in rate if space is available)
- $1/minute late charge will be deducted from your Family Spending Account for each minute after 5:30 p.m.

**BEFORE & AFTER SCHOOL CARE PROGRAM REGISTRATION FORM**

Parents/Guardians whose child(ren) attend the After School and/or Before School Care Program weekly throughout the academic year must complete the registration form below and may make payment via their FACTS Tuition Management payment selection (payments begin in July) or “in full” directly to the school office by the first day of the school year.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student Name</th>
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<tbody>
<tr>
<td>_________________</td>
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</table>

I/We would like to enroll my child(ren) (named above) in the following program(s). I/We understand the program(s) will operate in accordance with the school calendar and the academy’s Code of Conduct.

**BEFORE SCHOOL CARE**
- [ ] 5 Days/Week
- [ ] 3 Days/Week
- [ ] 2 Days/Week

**AFTER SCHOOL CARE**
- [ ] 5 Days/Week
- [ ] 3 Days/Week
- [ ] 2 Days/Week

- [ ] I/We wish to pay via FACTS Tuition Management payments beginning in July.
- [ ] I/We wish to pay “In Full” to the school’s office. Payment (check made payable to St. John Neumann Academy) is due on the first day of school.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
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</thead>
</table>