

St. Francis Xavier
After School
program

For UPK –

Located in the Early Childhood Building

The After-School Program, conducted by faculty members, will provide play time (indoor and out – weather permitting) and snack time in a safe nurturing environment. *Snack is not provided, so please be sure to send your child with a separate snack for After-School (i.e. juice box or water, fruit, yogurt, chips, cookies, etc.)*

The After-School Program is available Monday – Friday from 2:20 p.m. – 6:00 p.m., with the exception of early dismissal days, school holidays, winter and summer recess.

PLEASE MAKE NOTE:

There are days when the main school has a half day and UPK has regular dismissal. There is NO After-School Program on these days. The school calendar for each month can be found on the school website www.sfxschool.net.

Payment for After-School services is due on the first school day of each month by **check or money order**. We cannot accept cash payments. **Please be sure to include your child's name and class on any payments made to the UPK Office.**

MONTHLY RATES ARE AS FOLLOWS:

6:00 PICK UP

\$360 for one child
\$490 for two children
\$620 for three children

4:00 PICK UP

\$200 for one child
\$325 for two children
\$450 for three children

DAILY RATE - \$25/DAY

PICK UP EACH DAY IS TO BE NO LATER THAN 6:00 PM.

THERE IS A LATE PICK UP FEE OF \$10 FOR EVERY 15 MINUTES AFTER YOUR SCHEDULED PICK UP TIME.

A \$25 FEE WILL BE CHARGED FOR LATE PAYMENTS.

Please complete the attached application form and return with your first month's payment to the UPK Office.



Please check appropriate box:

6:00 pm pick up

4:00 pm pick up

As needed

Dear Parents:

Please fill out this form with current emergency contact information for your child. We must have a separate form for each child you are enrolling in the After-School Program. It is important that you provide all information, especially medical conditions or allergies.

Child's Name: _____ UPK _____

Address: _____

Home telephone # _____

Where can parents be reached if not at home?

Mother _____ Tel. # _____

Father _____ Tel. # _____

Please list two relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name	Relationship to student	Tel. #
1. _____	/ _____	_____
2. _____	/ _____	_____

Remarks: _____

Allergies: _____

Other Conditions: _____

****Please return this completed application/information form with payment to the UPK Office.****