

SAINT JOHN THE BAPTIST CATHOLIC SCHOOL



**SJB 2019-20 After Care Sign-Up Form**

12319 New Hampshire Avenue, Silver Spring MD 20904 • 301- 622-3076

Plan	Days Per Week	Annual AC Rate / Sibling Rate	Monthly AC Rate / Sibling Rate
V	5 DAYS	\$ 3,075.00 / \$2,306.25	\$307.50 / \$230.62
IV	4 DAYS	\$ 2,900.00 / \$2,175.00	\$290.00 / \$217.50
III	3 DAYS	\$ 2,505.00 / \$1,878.75	\$250.50 / \$187.87
II	2 DAYS	\$ 1,875.00 / \$1,406.25	\$187.50 / \$140.62
I	DROP-IN	\$40 Daily / \$20 Pickup by 4:30 pm	No Drop-In Sibling Rate

*Parent may designate a half day or a full day in weekly plan*

Please review the different After Care plans. Write your child's name and circle the plan number that you wish to select for your child. Write the annual amount for the plan for each child. Sibling rates apply to second and third children, not the first child. Add the total annual After Care amount.

Review, sign back of form, and return to Comfort Mingot, After Care Director, SJB School Office.

***For Drop-Ins***

If you are signing up to use After Care on a drop-in basis, write the child's name, grade, and circle Plan Number I. There is no need to add rate information.

Child 1: \_\_\_\_\_ Grade \_\_\_\_ AC Plan I II III IV V Annual Rate \$\_\_\_\_\_

Child 2: \_\_\_\_\_ Grade \_\_\_\_ AC Plan I II III IV V Annual Rate \$\_\_\_\_\_

Child 3: \_\_\_\_\_ Grade \_\_\_\_ AC Plan I II III IV V Annual Rate \$\_\_\_\_\_

**Total After Care Amount for the Year (add amounts for children 1-3) \$\_\_\_\_\_**

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## After Care Sign-Up Form 2019-20

**Billing and Use:** Parents shall make 10 monthly payments. Payment shall be made for each month from September through June. The September payment will cover August After Care use.

After Care invoices will be sent home on the 1st day of the prior month, and payment by check -- made out to SJB -- will be due in the school office by the 20th day of the prior month. This means, for example, that the October AC invoice will be sent home on Sept. 1, and payment for October will be due on Sept. 20.

By signing the agreement below, parents understand that they are committing to make After Care payments for the entire school year. A \$20 fee will be charged for late payment. If a balance remains unpaid, a child may be denied permission to attend After Care, and an unpaid bill may result in denial of access to academic records. After Sept. 1, 2019, there will be a \$50 fee to change an After Care plan.

Parents are expected to inform the After Care director ([comfort.mingot@sjbsilverspring.org](mailto:comfort.mingot@sjbsilverspring.org)) by 6 pm on Friday the days that their children will use After Care the following week.

After Care days must be used during the designated week, regardless of the reason for missed attendance. After Care days may not be saved. Holy Days, holidays, and missed school days have been considered and factored into the annual rates. After Care use may not be transferred to another child.

Children in After Care are expected to follow the rules and policies of St. John the Baptist Catholic School, as explained in the SJB Parent Handbook.

I (we), \_\_\_\_\_, agree to make monthly After Care payments, on time and in full, for the full 2019-20 school year, from September 2019 to June 2020, based on the plan or plans selected in this agreement.

### Signature of Parent (s) or Legal Guardian (s)

Parent Name (s): \_\_\_\_\_

Parent Signature (s): \_\_\_\_\_

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

I have paid the \$30 per family After Care Registration Fee on TADS \_\_\_\_\_ (please initial).