

ACADEMY OF SAINTS PETER AND PAUL

School Age Care Program Fees (PreK)

September, 2007

Before School Program (Only) - Daily Fees *

Number of Children	1st Child	Add. Child					
Full Time (begins at 6:30 a.m.)(Mon.-Fri.)	\$ 8.00	\$ 6.00	M	T	W	TH	F
Part Time Regular (after 8 a.m. only)	\$ 4.00	\$ 3.00	M	T	W	TH	F
Part Time Varied (Drop-In Rate)	\$ 9.00	\$ 9.00					

* Breakfast is optional for \$1.00 per day

After School Program (Only) - Daily Fees (P.M. Snack Included)

Number of Children	1st Child	Add. Child					
Full Time (until 6:15 p.m.)(Mon.-Fri.)	\$ 13.00	\$ 11.00	M	T	W	TH	F
Part Time Regular (until 4:00 p.m.)	\$ 7.00	\$ 6.00	M	T	W	TH	F
Part Time Varied (Drop-In Rate)	\$ 15.00	\$ 15.00					

Before and After School Program - Daily Fees *

Number of Children	1st Child	Add. Child					
Full Time (begins at 6:30 am/ until 6:15 p.m.)	\$ 19.00	\$ 15.00	M	T	W	TH	F
Part Time Regular (after 8:00 a.m./ until 4:00 p.m.)	\$ 10.00	\$ 8.00	M	T	W	TH	F
Part Time Varied (Drop-In Rate)	\$ 23.00	\$ 23.00					

* Breakfast is optional for \$1.00 per day

Child's Name _____

PreK - 2 Days or 3 Days

Child's Name _____

PreK - 2 Days or 3 Days

Circle or highlight the above program(s) your child(ren) will attend for September, 2007.

Indicate PreK 2 Days or 3 Day Program

Part Time Regular Program: also circle the days.

Total School Age Care costs for the month of September, 2007.

\$ _____

Payment due August 30th.

I contract to the above program(s) for School Age Care at the Academy of Saints Peter and Paul.

Parent Signature

Date

_____ I am enclosing my \$25 non-refundable Annual Enrollment Fee per family.

_____ I am enclosing my payment for September.

_____ I am enclosing my fee form for September.

NOTE: If you have questions, please contact Heidi Dondelinger, school secretary, at 763-479-0540 extension 21.