



**St. Philip Neri**  
Nourishing the Soul, Mind & Body

# St. Philip Neri Catholic School

6401 South Orchard Road  
Linthicum Heights, Maryland 21090-2628  
(410) 859-1212 [www.spnmd.org](http://www.spnmd.org)

**Extended Care Director: Carla Ratliff 667-289-7112**

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade as of 25/26 \_\_\_\_\_

Please check daily care desired:

	AM & PM	AM ONLY	PM ONLY	DROP IN
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**Full-time AM & PM Care \$350 per month**

5 days per week – Includes early dismissal and professional days

**Part-time AM & PM Care \$285 per month**

3 days per week – Includes early dismissal and professional days

**PM Care Only \$290 per month**

5 days per week – Includes early dismissal and professional days

**AM Care Only \$1660 per month**

5 days per week – Includes early dismissal and professional days

**DROP-IN Daily Rates**

Drop-in fees are due on the date of service. There are no sibling discounts for Drop-in fees.

**6:45 a.m. to 7:45 a.m. \$35 per child per day**

**12:15 p.m. to 6:00 p.m. \$55 per child per day**

**Dismissal to 6:00 p.m. \$45 per child per day**

**7:00 a.m. to 6:00 p.m. \$65 per child per day**

**Our non-refundable registration fee is \$65 per child. Drop-in students must also pay registration fee and have MSDE paperwork before they are permitted into Extended Care.**



Due to costs related to operations, I agree to pay \$\_\_\_\_\_ per month for the entire school year with payment due the first of every month. I understand that by signing I have entered into a contract with SPN Extended Care. Failure to pay monthly dues could result in being dismissed from the program and records/transcripts being withheld until I have satisfied my financial obligations. If I choose to withdraw from SPN Extended Care during the school year, I will provide the Director with no less than two weeks' notice in writing and will be subject to a pro-rated fee if applicable.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Contact Number