St. Philip Neri Catholic School

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

Extended Care Director: Carla Ratliff 667-289-7112

Parent's Name_____

Child's Name _____ **Grade as of 26/27** _____

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 **$160 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