

SAINTS SIMON & JUDE

Catholic School • Huntington Beach



STAYCARE PROGRAM REGISTRATION 2024-2025

Student(s): _____ Grade: _____ Birthday: _____

Grade: _____ Birthday: _____

Grade: _____ Birthday: _____

I/We, the undersigned parent(s)/guardian(s) request registration of my/our child/ren in Saints Simon & Jude Catholic School's StayCare Program.

1. I/We agree to complete the registration forms. My FACTS account will be charged \$30 per family for the StayCare registration fee.
2. I understand that all fees are charged on FACTS.
3. I/We agree to pay (please check one)
_____ \$12.00 per hour, per child (no partial hours)
OR
_____ Weekly Flat Rate P.M. Session, \$120/child (savings of \$60 if utilized for all 15 hours)
4. Please note that in order to qualify for the \$12 hourly rate, we require advance reservations of at least 24 hours. If 24 hours advanced notice is not given, the rate will be \$15 per hour (no partial hours).
5. StayCare hours: 3-6pm on regular school days; 2-6pm on early release days; 12:30-6pm on most minimum half-days. If your child is not picked up by 6:00pm, you will be charged \$5 per minute.
6. I/We understand that this program is an extension of the school day and direct my child/ren to adhere to all school policies. As a condition of continued attendance, each student and his/her parent(s) are required to acquaint themselves with school regulations as stated in the Saints Simon & Jude Catholic School Handbook and their school contract. Occasionally the school administration may issue bulletins to the students and/or parents covering new regulations or amendments of existing ones.

Parent Name: _____ Signature: _____ Date: _____

Parent Cell #: _____ Parent Email: _____

Parent Name: _____ Signature: _____ Date: _____

Parent Cell #: _____ Parent Email: _____

Please explain any allergies or other conditions StayCare should be aware of for the safety, health, and well-being of your child/ren (please use additional paper, if needed, and attach to this form):
