



**ST. IGNATIUS  
CATHOLIC SCHOOL**  
CLASSICAL EDUCATION



Thinkers. Leaders. Disciples.

Before/After Care Enrollment Form

St. Ignatius Catholic School Before and After Care Program  
220 Doty St. Kaukauna, WI 54130  
920-759-4566 beforeaftercare@stignatiuskaukauna.org  
Karen Hanagan, Program Director

Open Monday-Friday 7:00-7:40 AM and 11:00 AM-6:00 PM  
\$25.00 Annual Registration Fee per Child (waived for Bundle Package)  
\$6.00/hour (1 hour minimum charge), thereafter charged by quarter hour.  
Closed on No School/Snow Days

**\*\*\*Please fill first page out for *each* child attending Before/After Care\*\*\***

Child's Name: \_\_\_\_\_ F/M

DOB \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/ Health Concerns: \_\_\_\_\_

Schedule

This will be a "Regular Schedule" \_\_\_\_\_ or "As Needed Schedule" \_\_\_\_\_

**Monday** Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

**Tuesday** Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

**Wednesday** Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

**Thursday** Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

**Friday** Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ ( Home Cell Work) Phone : \_\_\_\_\_ ( Home Cell Work)

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ ( Home Cell Work) Phone : \_\_\_\_\_ ( Home Cell Work)

Email: \_\_\_\_\_

In case of an emergency or parent contact is needed, who should we contact first?

Name: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

If parents cannot be reached in an emergency, contact:

**\*\*\*Contact MUST be Local\*\*\***

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_ ( Home Cell Work) Phone : \_\_\_\_\_ ( Home Cell Work)

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_ ( Home Cell Work) Phone : \_\_\_\_\_ ( Home Cell Work)

I agree the above mentioned person is able to take my child from Before/After Care in the event of an emergency and parents cannot be reached.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Daily Schedule (Preschool and K4)

7:00-7:40 AM	Arrival Time-Free Play
7:40 AM	Students are walked to their classrooms
11:00–11:10 AM	Children arrive/bathroom/ get ready for lunch
11:15-11:45 AM	Lunch in classroom
11:45-12:00 PM	Story/activity/songs
12:00-1:00 PM	Free play (inside and outside or gym)
1:00-2:30 PM	Nap Time / Quiet activities
2:30-3:15 PM	Free Play Time
3:15 PM	Snack Time
3:30-6:00 PM	Outside Time (weather permitting)/Free Play/ Prepare to go home.

## Daily Schedule (Kindergarten – 5<sup>th</sup> Grade)

7:00 – 7:30 AM	Arrival Time – Free Play
7:30 – 7:40 AM	Students go outside for morning recess
3:00 – 3:15 PM	Students arrive/ Check in/ Use Bathroom
3:15-3:30 PM	Snack
3:30 – 4:00 PM	Students work on homework/ Quiet Activities
4:00 – 6:00 PM	Outside Time (weather permitting)/Free Play/ Prepare to go home.

## Bundle Pricing for Before/After Care AND Preschool/K4

**(Please circle one)** 7:00 AM-4:00 PM or 7:40 AM-4:45 PM

Preschool 3 Days/Week \$4,054/year

Preschool 5 Days/Week \$6,110/year

K4 5 Days/Week \$5,804/year

- Additional \$6/hour (\$1.50/quarter hour) charged after time circled above.
- Bundle Packages are billed through the Before/After Care Program.

## Financial Agreement

Bundle package payments are due by the 20<sup>th</sup> of the month. Based on your statement, any other charges are due upon receipt. Accounts with past due payments will be charged a monthly fee of 1.5% (18% per year) on the unpaid balance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_