

# St. Thomas More Catholic School's Pawprints Preschool Extended Care Commitment Form

**Morning and Afternoon**  
(6:45 – 7:45 a.m. and 3:00 – 5:00 p.m.)

Please mark the option that corresponds with your child's class schedule:

Child's Name \_\_\_\_\_

- Option 1      My child will be using Pawprints Preschool Extended Care in the morning and afternoon on his/her preschool days.  
**(Monday/Wednesday/Friday)**
- Option 2      My child will be using Pawprints Preschool Extended Care in the morning and afternoon on his/her preschool days.  
**(Monday - Friday)**

I understand that I will be billed \$15.00 per school day as listed on the St. Thomas More School Calendar. Snack is included in this fee. This fee will stay the same in the event that my child is absent. (Preschool Fee is separate). I also understand that an **additional \$10.00 fee** will be applied to my next bill for each day that my child is picked up between 5:00 – 6:00 p.m.

I understand that all Extended Care Fees are billed at the beginning of the month through FACTS. Due to the demand for Preschool Extended Care, I understand that if my payment is not received by the due date, unfortunately my child may lose their spot in the program.

I understand that if St. Thomas More's Pawprints preschool is not in session due to a scheduled day off, extended care will not be available.

I understand that I will **not** be charged extended care fees for St. Thomas More School's scheduled days off.

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

Mother's Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Email \_\_\_\_\_

Place an \* by the name of the parent(s) which the child lives with.

Please return this form with a non-refundable \$50.00 registration fee payable to Omaha Catholic School Consortium (OCSC) **and** the completed Nebraska Department of Health Children's Record to secure your spot. Please note, spaces are limited and are filled on a first come first served basis.

FOR OFFICE USE ONLY	
	Date Received
\$50.00 Cash	
\$50.00 Check #	
\$50.00 Credit Card	
Children's Record	