

2024 – 2025  
St. Thomas More Catholic School  
Preschool - 8th Extended Care Registration Form

The Extended Care Program is offered on a monthly basis. Due to the demand for Extended Care, I understand that if my payment is not received by the due date, my student(s) may lose their spot in the program. Late charges will be given on the invoice the following month. Invoices will be sent home on the first of each month and will be due within 2 weeks.

- A Non-refundable Registration fee of \$50 per family.
- \$10 fee after 5:10 pm until 6:00 pm
- The Extended Care Program closes at 6:00 pm. There is a \$20 fee every 15 minutes, per child, after 6 pm.
- Credit **will not** be given for missed days or early pick-up.
- Formula:** Number of School Days X Rate X Number of Students + Over/Late Charges

**Extended Care Options**  
(Indicate the best option for you)

- (\$5) **AM Only** (6:45 - 7:45 AM)
- (\$10) **AM & PM** (6:45am - 7:45am & 3:00pm - 4:10pm)
- (\$5) **PM Only** (3:00pm - 4:10pm)
- (\$10) **PM Only** (3:00pm - 5:10pm)

FAMILY NAME \_\_\_\_\_

Student(s):

24/25 Grade(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email address** preferred for contact or questions: (please print)

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\*\*Please return this form with a non-refundable \$50.00 registration fee (in full) 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.

\*\*If your child/children will need to have any medication administered by the Extended Care Program staff, a copy of a physician's signed care plan will need to be provided prior to your child participating.

\*\*I agree to the rate above and acknowledge that any late fees incurred during this time period will be added on to the next months schedule of fees

\*\*I have read the St Thomas More School Handbook & acknowledge that all policies remain the same in Extended Care.

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

\_\_\_\_\_  
Date

Non-Refundable Registration Fee: (For Director use only)	
Date Received	
Check/Receipt #	