



**ST. CATHERINE OF ALEXANDRIA SCHOOL
7025 BROCKTON AVENUE
RIVERSIDE, CA 92506**

**MORNING SCHOOL CARE PROGRAM
School Year: 2025-2026**

Transitional-Ktg. thru Grade 8

The Morning School Care program is provided to help our working parents. This service is available in the morning for students attending St. Catherine of Alexandria School. The hours of operation are Monday through Friday from 7:00 a.m. to 7:45 a.m. The service is unavailable on school holidays, breaks and staff in-service.

The program will be in session every school days, except on school holidays, in-service, and breaks(8/20/25-8/22/25, 9/1/25, 10/13/25, 10/17/25, 10/20/25, 11/11/25, Thanksgiving Break, Christmas Break, School Performance Days, Parent/Teacher Conferences, 1/19/26, 2/9/26, 2/16/26, Easter Break, Staff In-Service Days, and 5/25/26). Thanksgiving Break, Christmas Break, School Performance Days, Parent/Teacher Conferences, 1/20/25, 2/10/25, Winter Break, Easter Break, Staff In-Service Days, and 5/26/25). The Morning School Care program is not a **DROP IN OR PER DAY PROGRAM.** **Once you signed up in the program, a monthly fee is charged (as indicated on the payment chart below). The fee is payable at the beginning of each month similar to the tuition schedule.**

The following payment schedule is figured on a nine month basis (September-2025 thru May-2026 for budget purposes). Account billing starts in September. The schedule includes August 2025 & June 2026 in the calculation. **Credits CAN NOT be given for days missed.**

PAYMENT SCHEDULE (MONTHLY FEE):

	<u>5 days/Wk</u>	<u>4 days/Wk</u>	<u>3 days/Wk</u>	<u>2 days/Wk</u>	<u>1 day/Wk</u>
1 Child	\$ 100	\$ 80	\$ 60	\$ 40	\$ 20
2 Children	\$ 200	\$ 160	\$ 120	\$ 80	\$ 40
3 Children	\$ 300	\$ 240	\$ 180	\$ 120	\$ 60
4 Children	\$ 400	\$ 320	\$ 240	\$ 160	\$ 80

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REGISTRATION
School Year: 2025-2026**

Name of Student (s) (Last Name, First Name)	Student Grade	No. of Days/Week (Please <u>specify number of days</u>)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(Parent/Guardian Name)	Signature	Date	Home Telephone No.
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Address	Cell No.	Work Telephone No.
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