



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

**AFTERSCHOOL PROGRAM  
School Year: 2019-2020**

**Transitional-Ktg. thru Grade 8**

The After School program is provided to help our working parents. After School Service program is available in the afternoon for students attending St. Catherine of Alexandria School. Children are served a snack, work on their homework assignments, and enjoy free play with their friends. The hours of operation are Monday through Friday from 3:00 p.m. to 6 p.m. The service is unavailable on school holidays, breaks, and staff in-service.

The program will be in session every school day, including minimum days, except on school holidays, in-service, and breaks (9/2/19, 9/9/19, Thanksgiving Break, Christmas Break, School Performance Days (Christmas & Grandparents), 1/20/20, 2/17/20, Easter Break, Staff In-Service Days, and 5/26/20). The after school 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-2019 thru May-2020 for budget purposes. The schedule includes August 2019 & June 2020 in the calculation. **Credits CAN NOT be given for days missed.**

**PAYMENT SCHEDULE (MONTHLY FEE):**

	<b><u>5 days/Wk</u></b>	<b><u>4 days/Wk</u></b>	<b><u>3 days/Wk</u></b>	<b><u>2 days/Wk</u></b>	<b><u>1 day/Wk</u></b>
<b>1 Child</b>	\$ 240	\$ 192	\$ 144	\$ 96	\$ 48
<b>2 Children</b>	\$ 432	\$ 346	\$ 259	\$ 173	\$ 86
<b>3 Children</b>	\$ 554	\$ 444	\$ 333	\$ 222	\$ 111
<b>4 Children</b>	\$ 595	\$ 476	\$ 357	\$ 244	\$ 119

**Note: Additional Fee is charged for late pick-up. \$5.00 per minute after 6:00 p.m. will be assessed and is payable directly to the School Office.**

**ST. CATHERINE OF ALEXANDRIA SCHOOL**

**7025 BROCKTON AVENUE  
RIVERSIDE, CA 92506**

**AFTERSCHOOL PROGRAM REGISTRATION  
School Year: 2019-2020**

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

---

<b>(Parent/Guardian Name)</b>	<b>Signature</b>	<b>Date</b>	<b>Home Telephone No.</b>
-------------------------------	------------------	-------------	---------------------------

---

<b>Address</b>	<b>Cell No.</b>	<b>Work Telephone No.</b>
----------------	-----------------	---------------------------