



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

**AFTERSCHOOL CARE PROGRAM
School Year: 2025-2026**

Transitional-Ktg. thru Grade 8

The After School Care program is provided to help our working parents. After School Care 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 6:00 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 (8/20/25-8/22/25, 9/1/25, 10/13/25, 10/17/25, 10/20/25, 10/31/25, 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). 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-2025 thru May-2026 for budget purposes. Account billing starts in October. 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	\$ 260	\$ 220	\$ 165	\$ 110	\$ 55
2 Children	\$ 435	\$ 380	\$ 285	\$ 190	\$ 95
3 Children	\$ 565	\$ 500	\$ 375	\$ 250	\$ 125
4 Children	\$ 650	\$ 575	\$ 450	\$ 300	\$ 150

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.

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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> in afterschool)
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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