

St. Philip's Before School Program

In an effort to better support our Preschool families who need early care for their children, St. Philip's Preschool offers a Before Care Program.

Our *Before Care* hours are 7:30am – 8:15am each school day. For 2020-2021 school year, the start date is August 20 and the last day is May 20.

Daily Cost with Reservation is \$10 a day. We will ***NOT*** take drop-ins the morning of. You must make a reservation by 6:00pm the day before. If you are not a monthly user, a **spot is subject to availability**.

Actual Costs per month

Month	Aug/Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
2 days per week	\$120.00 (12 days)	\$90.00 (9 days)	\$60.00 (6 days)	\$60.00 (6 days)	\$80.00 (8 days)	\$80.00 (8 days)	\$70.00 (7 days)	\$90.00 (9 days)	\$60.00 (6 days)
3 days per week	\$170.00 (17 days)	\$110.00 (11 days)	\$100.00 (10 days)	\$80.00 (8 days)	100.00 (10 days)	\$100.00 (10 days)	\$110.00 (11 days)	\$90.00 (9 days)	\$80.00 (8 days)
5 days per week	\$290.00 (29 days)	\$200.00 (20 days)	\$160.00 (16 days)	\$140.00 (14 days)	\$180.00 (18 days)	\$180.00 (18 days)	\$180.00 (18 days)	\$170.00 (17 days)	\$140.00 (14 days)

Staffing: There will be 2 staff members with a max of 15 students.

Guaranteed Monthly Registration: Parents may reserve spaces on a monthly basis. Reservations for a month must **be made at least seven days prior to the coming month**. You may reserve **only the days you need** in any given month, but we must have advanced notice.

Breakfast: Please make sure your child has already had breakfast before arrival.

To make Before Care Reservations, please contact Tammie Belknap at tammiebelknap@stphilipsfrisco.org or call at 214-387-4700 ext. 122

*Please let us know your plans for the first month of school by using this form.

Before Care Program Registration Form

Child's Name: _____

Child's age: _____

Contact information:

Name of parents: _____

Cell phone number: _____

Home number: _____

Email: _____

Month(s) you are registering for: _____

Number of Days per week: (circle your options) Mon Tue Wed Thur Fri

Any special information: _____

Emergency Contacts: _____ Phone: _____

_____ Phone: _____