

St. Matthias Extended School Program 2021 – 2022

**Director: Georgeann Reedy: greedy@stmatthias.org
ESP Number: 301-577-9412**

The program is offered daily when St. Matthias Catholic School is in session.
On regular school days the hours of operation are as follows:

Before Care: 7:00-8:00 a.m. Aftercare: 3:00-6:00 p.m.

All St. Matthias

K – 8th Grade students are eligible for our extended school program (ESP). Applications are considered on a space-available basis and dependent upon the date of application. Pre-K students are provided ESP care in separate space. Our state-licensed ESP employs qualified staff members to provide a safe and supervised environment as a valuable resource to our working families.

NON-REFUNDABLE REGISTRATION FEE: \$75/FAMILY

Please note: Students **MUST** be registered in the ESP program before attending. All required records, including proof of immunization, must be provided before students will be admitted.

TUITION PLANS:

Please select the program of your choice:

Program	Program	Time	Child 1	Child 2	Child 3
	Before Care Only	7:00 – 8:00 a.m.	\$1,250	\$2,500	\$3,400
	Aftercare Early Pickup	3:00 – 4:00 p.m.	\$1,250	\$2,500	\$3,400
	Aftercare Only	3:00 – 6:00 p.m.	\$2,900	\$4,600	\$6,400
	Before Care and Aftercare Early Pickup	7:00 – 8:00 a.m. & 3:00 – 4:00 p.m.	\$2,400	\$4,300	\$6,300
	Before Care and Aftercare	7:00 – 8:00 a.m. & 3:00 – 6:00 p.m.	\$4,000	\$6,600	\$8,400

Print Name of student

Grade for 2021-2022

Print Name of student

Grade for 2021-2022

Print Name of student

Grade for 2021-2022

TEN-MONTH PAYMENT PLANS ARE BILLED JULY 2021 through APRIL 2022
Students may be denied admission to ESP if fees are not paid timely.

**Extended School Program
Academy of Saint Matthias the apostle
School Year 2021-2022**

Parents' Agreement

I certify that I have received the above information regarding the Extended School Program, and that I understand and accept the conditions as outlined.

Mother's Name _____ Signature _____ Date _____

Address: _____

Cell: _____ Work: _____

Father's Name _____ Signature _____ Date _____

Address: _____

Cell: _____ Work: _____

Accepted:

Georgeann Reedy, Director _____ Signature _____ Date _____

Extended School Program