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:

<table>
<thead>
<tr>
<th>Program</th>
<th>Time</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Care Only</td>
<td>7:00 – 8:00 a.m.</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$3,400</td>
</tr>
<tr>
<td>Aftercare Early Pickup</td>
<td>3:00 – 4:00 p.m.</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$3,400</td>
</tr>
<tr>
<td>Aftercare Only</td>
<td>3:00 – 6:00 p.m.</td>
<td>$2,900</td>
<td>$4,600</td>
<td>$6,400</td>
</tr>
<tr>
<td>Before Care and Aftercare</td>
<td>7:00 – 8:00 a.m. &amp;</td>
<td>$2,400</td>
<td>$4,300</td>
<td>$6,300</td>
</tr>
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<td>3:00 – 6:00 p.m.</td>
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</tbody>
</table>

Print Name of student
Print Name of student
Print Name of student

Grade for 2021-2022
Grade for 2021-2022
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.
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