



DIVINE WISDOM CATHOLIC ACADEMY

Miriam Bonici
Principal

Divine Wisdom Catholic Academy After School Program 2023- 2024 School Year

Staff: Divine Wisdom Catholic Academy Faculty
Time: Dismissal time to 6:00pm
Eligibility: Any student in **Kindergarten through 8th grade**
Registration Fee: \$25 per family per school year

Per Diem Rates: Daily fee will be billed through FACTS management the following week. **The program ends at 6pm promptly, please note that an additional \$30 fee will be imposed if your child is not picked up by 6pm.**

Time	One Child	Each Additional Child
2:55pm to 4:00pm	\$15.00	\$10.00
2:55pm to 6:00pm	\$30.00	\$20.00
12:00n. to 3:00pm	\$25.00	\$15.00
12:00n. to 6:00pm	\$35.00	\$20.00

Monthly Rates: The monthly flat rate is billed through FACTS tuition management. No refunds can be given for days missed. The rate is from 2:55pm to 6:00pm on regular days and from 12:00noon to 6:00pm on early dismissal days. After the month has started, rate cannot be changed to the per diem rate. The rates are:

One Child:	\$325
Two Children:	\$400
Three or More Children:	\$450

Activities: Students will be supervised in various indoor and outdoor physical recreation between 2:45pm and 4pm on regular days. Children are encouraged and assisted in completing homework after 4:00pm. Please be aware that children cannot be tutored during this time, but homework help within reason is available. A small snack and drink are provided daily. You may supply your own additional snack if you feel your child needs it.

Communication: If your child is scheduled to use the Program and you decide to pick him/her up at dismissal you must inform the school office. Many times, we are looking for children who have already left with a parent. Please call the school office and email your child's homeroom teacher should you need the services of the After School Program in an emergency, so we may advise the After School teacher.



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AFTER SCHOOL PROGRAM REGISTRATION FORM

Child/ren's Name(s) and Grade(s)

1. First Name: _____ Last Name: _____ Class: _____

2. First Name: _____ Last Name: _____ Class: _____

3. First Name: _____ Last Name: _____ Class: _____

Number of children planning to attend: _____

My child/ren will attend:

A. On a monthly basis: Yes _____ No _____ (Monthly rate charged at beginning of month)

B. On a per diem basis: Yes _____ No _____ (Days attended charge at the end of week)

Day/s _____

Mother's Name: _____ Home/Cell Phone: _____

Father's Name: _____ Home/Cell Phone: _____

Pick up Emergency Contact (Adult other than parents that can pick up students)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical information:

Allergies: _____

Who CANNOT pick up child (Court documentation must be on file in the office)

Name: _____ Relationship: _____

Name: _____ Relationship: _____