

# ***St. Bartholomew School***

## **2025-2026 Before School Care and After School Care Programs**

### **Before School Care – Pre-Kindergarten**

Our Before School Care is available for our Pre-Kindergarten students. This is not a formal activity-based program or a morning meal program. Students that are dropped off early (between 7:00 AM and 8:25 AM) are in the classroom with one of their teachers and quietly play while waiting for their classmates to arrive. The cost is \$15 per day. (For families who have students enrolled in Grades K-8, the rate is \$8 per day.) All families utilizing this program will be billed via FACTS Tuition at the end of each month.

### **Before School Care – Kindergarten – Grade 8**

Students in Kindergarten through Grade 8 may be dropped off at door #15 starting at 6:45 AM. There is no charge.

### **After School Care (ASC) – Pre-Kindergarten, Kindergarten – Grade 8**

All students enrolled in Pre-Kindergarten 3 through Grade 8 at Saint Bartholomew School are eligible to apply for entrance into the program. Students in After School Care will be in groups and have an activity schedule which is monitored at all times by ASC personnel. ASC for Pre-Kindergarten and Kindergarten students is held in the Pre-Kindergarten building until 4:00 PM. At 4:00 PM, the remaining students are brought to the Gym and complete their aftercare program there until pick-up. Students must bring their own snacks and drinks.

An **Application Form** and **Emergency Information Form** is available in this packet and **must be completed prior to school opening** to be considered for enrollment in the program. The Drop-In Rates are for emergencies only. However, you can schedule a planned Drop-In at least one week in advance to ensure proper staffing.

On early dismissal days ASC is open until 5:30 PM, except for the days before Thanksgiving, Christmas, and Easter breaks, and the final day of school. ***Students must bring their own lunch on early dismissal days.***

Monthly billing is handled by FACTS Tuition for After School Care (All Students) and Before School Care (Pre-Kindergarten Only). Due to the changing number of school days per month, monthly charges are **not** prorated for holiday months.

***The program ends promptly at 5:30 PM.*** Any family who does not pick up their child/children by 5:30 PM will be charged an additional \$20.00 for that day of service for every 15 minutes the staff member is required to wait for the parent/guardian. This will be added to your bill. However, late pick-up is considered a rare event and should only occur in an emergency situation. Please make arrangements for a secondary person to pick up your child/children on days you cannot reach the school by 5:30 PM.

Only authorized adults listed on the application form can pick up your child/children. Identification verification is required.

**After 2:00 PM, the ASC staff members can be reached via Class Dojo message or at 732-254-1559.**

# ***St. Bartholomew School***

## **After School Care Rates 2025-2026**

### **Annual/Daily Rates**

<b>Children</b>	<b>Pick-up at 4 PM</b>	<b>Pick-up at 5 PM</b>	<b>Pick-up at 5:30 PM</b>
1	\$2,880	\$4,320	\$5,040
2	\$4,320	\$5,400	\$5,985
3	\$5,040	\$6,480	\$6,930

### **Drop-in Rates**

Pick up by 3 PM	\$15.00/child
Pick up between 3 PM and 5 PM	\$25.00/child
Pick up between 5 PM and 5:30 PM	\$30.00/child

***For enrollment of four or more children, please call the school office at 732-254-7105 for rates.***

## **Before School Care Rates (Pre-Kindergarten Students Only) 2025-2026**

*Our Before School Care Program is available for our Pre-Kindergarten students. This is not a formal activity-based program or a morning meal program. Students dropped off early are in the classroom with one of their teachers and quietly play while waiting for their classmates to arrive. All families utilizing this program will be billed via FACTS Tuition at the end of each month.*

7:00 AM - 8:25 AM Drop-Off      \$15.00 per day

(For families who have students enrolled in Grades K-8, the rate is \$8 per day.)

# 2025-2026 BEFORE AND AFTER SCHOOL CARE PROGRAM APPLICATION FORM

**\*ALL BEFORE AND AFTER SCHOOL CARE FEES WILL BE BILLED THROUGH FACTS TUITION.\***

\_\_\_\_\_ I will be using the Before Care Program. (*Pre-K only*)

\$15.00 per day - Begins at 7:00 AM until 8:30 AM

(For families who have students enrolled in Grades K-8, the rate is \$8 per day.)

**Please mark the day(s) you require Before Care**

Monday    Tuesday    Wednesday    Thursday    Friday

\_\_\_\_\_ I may need to use the Drop-in After Care Program (*Pre-K – 8*).

Pick up by 3 PM	\$15.00/child
Pick up between 3 PM and 5 PM	\$25.00/child
Pick up between 5 PM and 5:30 PM	\$30.00/child

\_\_\_\_\_ I will be using the *Annual* After Care Program (*Pre-K – 8*).

(This will be billed in FACTS and I can choose a payment plan.)

Please circle choice for Daily Pickup:

Children	Pick-up by 4 PM	Pick-up by 5 PM	Pick-up by 5:30 PM
1	\$2,880	\$4,320	\$5,040
2	\$4,320	\$5,400	\$5,985
3	\$5,040	\$6,480	\$6,930

Please print first and last name of student(s):

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**St. Bartholomew School**  
**After School Care Emergency Information Form**  
**2025-2026**

Family Last Name: \_\_\_\_\_

Student's First Name/Grade:

1. \_\_\_\_\_ / \_\_\_\_\_      3. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_      4. \_\_\_\_\_ / \_\_\_\_\_

List Student's Name/Allergies/Health/Medical Problems:

1. \_\_\_\_\_      3. \_\_\_\_\_

2. \_\_\_\_\_      4. \_\_\_\_\_

\_\_\_\_\_  
Student's Home Address, City, State, Zip

Home Phone Number: \_\_\_\_\_

**Contact Information**

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Father's Full Name

\_\_\_\_\_  
Mother's Cell Phone

\_\_\_\_\_  
Father's Cell Phone

\_\_\_\_\_  
Mother's Employer

\_\_\_\_\_  
Father's Employer

\_\_\_\_\_  
Mother's Work Phone

\_\_\_\_\_  
Father's Work Phone

**List two alternate contacts in the event that a parent/guardian cannot be reached.**

\_\_\_\_\_  
Emergency Contact #1/Relationship to Student

\_\_\_\_\_  
Emergency Contact #2/Relationship to Student

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

**In the event of an emergency, and I am unable to be reached by telephone, I hereby authorize a representative of St. Bartholomew School to act in my child's best interest.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_