



**ST. THERESA'S**  
**CATHOLIC SCHOOL**  
LEARN • SERVE • BELIEVE.

## **Welcome to STCS Extended Care Program!**

We are pleased to offer childcare in a fun, safe environment.

**Each day after school, we will provide an afternoon snack and homework time for your child.**

**Students will have outside playtime at the playground or at the field – weather permitting.**

**We have board games, puzzles, Play-Doh, Legos, art supplies, videos, books...and more!**

*The STCS Extended Care Program is offered only to enrolled St. Theresa's Catholic School students. Our regular hours are as follows: **Monday- 3:10 pm to 5:45 pm , Tuesday through Friday- 3:30 pm to 5:45 pm**; during the school year unless indicated otherwise on the school calendar.*

***Early Releases:*** *Students who are enrolled in a monthly program are accepted into Extended Care at their early release time at 12:00 noon for PK-8<sup>th</sup> grade at no additional cost. The fees for early release days and drop-ins are listed below.*

*Please note that STCS Extended Care will not be available on the early release school days before holidays and breaks. This includes before Thanksgiving, Christmas, Spring Break, Holy Thursday, Easter, and the last day of school. Up to date information may be found in RenWeb and Tiger Times and Rallyhood.*

### **STCS Extended Care Program Tuition**

Monday (3:10 pm-5:45 pm),	
Tuesday – Friday (3:30 pm – 5:45 pm)	\$ 250.00 per child/month
*Late pick up fee beginning at 5:46 pm	\$ 5.00/minute-\$100.00 cap
• Drop-in rate	\$ 20.00 per child/day
• Drop-in rate first 15 minutes	\$ 10.00 per child/day
• Early Release Drop-in rate	\$ 25.00 per child/day

\*A late pick-up will be assessed should your child be picked up at or after **5:46 pm**.

## **Payment for STCS Extended Care Program**

All payments are billed from the Business Office through FACTS, our tuition management source. The authorization form is attached and may be found in Resource Documents in Parentsweb.

Please note requests to change a monthly rate enrollment to a drop-in rate must be done in writing 30 days prior to schedule change. Please email request to EC Coordinator (Mrs. Jana Tuerff) and Business Office (Mrs. Theresa Keane).

## **Sign me up for STCS Extended Care Program!**

**It's easy!** Complete the attached **Extended Care Registration** and return it to the Extended Care folder located in the school office. The form may also be found in Resource Documents in Parentsweb.

**Drop In's:** Please send an email to Extended Care when you want your child(ren) to attend Extended Care as a Drop -In and copy the instructions to your child(ren)'s homeroom teacher as well. We want to know your child is coming and your teacher needs to know to send him/her to the Extended Care dismissal line. All Drop-Ins will be required to complete an Extended Care Registration Form.

For additional information about Extended Care, please email the **Extended Care Coordinator, Mrs. Jana Tuerff** at [extendedcare@st-theresa.org](mailto:extendedcare@st-theresa.org). You may call the Extended Care **cell telephone: (512)698-2863** or call the school office at (512) 451-7105.

**Thank you!**



## Extended Care

### Emergency Contact Information

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Please indicate your child's participation in Extended Care.

Monthly

Drop-In

List any medical information/allergies/special needs your student(s) have. (This information should be in your student's medical information in Parentsweb as well.) Please use back of this page if necessary.

---

---

---

---

---

---

### Parents/Guardian Information

\*Mother's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Father's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Emergency Contact

\*Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell  
phone: \_\_\_\_\_

Pick Up Authorization

The following individuals are authorized to pick up my student. (Please enter this information in the transportation form on Parentsweb.)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I/We agree to abide by the policies and procedures of St. Theresa's Catholic School. I/We understand that the School reserves the right to exclude students from the Extended Care program for discipline issues or for refusal to pay for services rendered.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FYI...

We will watch only "G rated" movies. Please include movies you DO NOT allow your child(ren) to watch.

---

---

---

---

---

---

---

---

---

---



**ST. THERESA'S**  
**CATHOLIC SCHOOL**  
LEARN • SERVE • BELIEVE.

**EXTENDED CARE AUTHORIZATION AGREEMENT**  
**For preauthorized payments to St. Theresa's Catholic School**

I hereby authorize FACTS Tuition Management System to process and debit my Incidental Fees Account.

**Monthly Extended Care Pre-authorized Payment:**

\$ \_\_\_\_\_

**Drop-In Rate at \$20.00 per day.** \_\_\_\_\_

**Student**

**Name(s):** \_\_\_\_\_

**Company:** St. Theresa's Catholic School, 4311 Small Drive, Austin, Texas, 78731

**Start Month and year:** \_\_\_\_\_ **End Month and year:** \_\_\_\_\_

*(Please contact Extended Care Coordinator if after school childcare needs to change.)*

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_