

St. Catherine Labouré Transitional-Kindergarten Daycare Rates and Fees



Daycare is available before and after school in the Preschool for children who are enrolled in our Transitional-Kindergarten classes. Transitional-Kindergartners will receive an age appropriate program through our preschool.

Admission Policy for Transitional-Kindergarten is as follows:

If you wish to enroll your child in our Preschool Daycare program, you must fill out a registration form, pay the \$110.00 registration fee, and complete the admission packet. Please turn in the complete admission packet, a copy of your child's immunization card, and a copy of their birth certificate before your child starts the day care program. You can obtain this packet through the school office, from the Preschool or by going online to www.stcat.org. The registration form is included with this document.

Before school care is available from 7:00 a.m. to 7:30 a.m. After school care is available 3:30 p.m. to 6:00 p.m. August is a full payment. Therefore, no payment will be due in June (if payment was made in August).

Full Time Rate:

4 hours (4 – 5 days a week) \$180.00 a month (Morning & Afternoons)

3 hours (4 – 5 days a week) \$160.00 a month (Afternoons Only)

*The monthly rates include childcare on early dismissal days.

Part Time Rate:

- Drop in hourly rate is available at \$11.00 an hour
- Full day child care on NO SCHOOL days is \$80.00
- Part-Time child care on NO SCHOOL days is \$55.00

Fees:

- Non-refundable Registration Fee-\$110.00
- Late Pick Up Fee-\$10.00 for every ten minutes will be charged for each child who is NOT signed out by closing time
- Habitual Late Fee-\$5.00 per minute

Payments will now only be accepted online through Blackbaud.

Monthly Tuition Payment:

Monthly payments are due the first of the month. A late fee of \$40.00 will apply for all payments made after set due date. No refunds or credits will be made due to illness, vacations, etc.

Please contact the Preschool for further information.
Phone Number: 310-755-8604

St. Catherine Labouré Transitional Kindergarten Daycare



Please select the days and times that your child will be attending Daycare:

- Before and After School Care After School Care Only
 Before School Only Drop In/Occasional Use

Indicate Days: ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri

Indicate Hours: From ___ a.m. to ___ a.m. and from
_____ p.m. to _____ p.m.

Child's Name: _____ Date: _____

Child's Age: _____ Child's Birth Date: _____

Child's Gender: _____ Child's Teacher/Room _____

Address: _____
 Number and Street City State Zip Code

Home Phone: _____

Mother's Name: _____

Mother's E-mail Address: _____
(Emails are needed for billing purposes.)

Occupation: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____

Father's E-mail Address: _____
(Emails are needed for billing purposes.)

Occupation: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Please list the names of anyone other than yourself, who will be picking up your child:

Please list any allergies or special need(s) that your child may have:

Mother/Guardian Signature

Father/Guardian Signature

**The \$110.00 Non-Refundable Registration Fee is due with the application

**Admission Packet must be completed and submitted prior to entry

Please do not write below this line- FOR OFFICE USE ONLY

Date Received: _____ Reg. Fee: _____

Received by: _____

License Number: 197415735

Revised 01/21/25