



ST. JOSEPH EXTENDED CARE

P. O. Box 6
119210 Larch Street
Stratford, Wisconsin 54484
Phone: 715-687-4145

(UPDATED 1.24.25) **FINANCIAL AGREEMENT**

2025-2026

We believe our shared Christian values of faith, hope and love have no boundaries. "We, the family of St. Joseph, are committed to educating God's children by promoting Catholic values through academic excellence and service to others."

I/we have read and agree with the above mission statement of St. Joseph Catholic School. I/we will, with God's help, partner with my/our child's teachers and administration of St. Joseph Catholic School in this educational process.

I/we agree to make payments of a flat rate fee of \$7 per day for times when our child attends Extended Morning/Afternoon Care. I/we agree to make payments of a flat rate fee of \$17 per day for afternoon coverage when our child attends Extended Care on Early Release (ER) Days and \$40 per day when our child attends Extended Care on select days that Extended Care is provided when school is not in session. I/we agree to make payments within 10 days of receipt of a monthly statement for Extended Care charges.

All payments can be paid online or (cash or check) can be dropped off or mailed to the School Office. Checks can be made out to: St. Joseph Catholic School (please mark Extended Care in the memo). Extended Care statements will be e-mailed at the end of each month. Payment plans can be arranged if needed. Please contact the School Office to do so. ****If payment is delayed more than a month, your child(ren) will not be eligible to attend the Extended Care Program.**

Agreements

Individual(s) Responsible for Payment of Extended Care Fees

_____ () _____
Last Name First Name Address City State Phone Number

_____ () _____
Last Name First Name Address City State Phone Number

During the admissions process, parents and student(s) are expected to submit all documents and make known all information that would directly relate to a student's tenure at the school. Failure to disclose fully pertinent information may lead to denial of admission or require withdrawal if a student has already been admitted.

In registering my/our child for St. Joseph Catholic School, I/we agree to meet the financial and service commitments outlined. Further, I/we agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Parent or Guardian Signature Date

We, the family of St. Joseph, are committed to educating God's children by promoting Catholic values through academic excellence and service to others.

Parent or Guardian Signature

Date

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