



## TRINITY CATHOLIC SCHOOLS Trinity Extended Care Program

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Trinity Extended Care (TEC) is open to families enrolled at Trinity East, Trinity West, and Trinity North Elementary Schools and is held at those respective schools.

### Program Hours

- School year
  - Monday to Friday; Immediately after school until 6:00 pm
  - Open on most 'no school' days (i.e. President's Day, Teacher Convention)
- Summer care
  - Monday to Friday; open at 7:30 am to 6:00 pm

### Snacks and Activities

- Children given snack and milk/juice right after school
- Children can get help with homework or play in a supervised atmosphere

### Cost

- \$85 monthly fee per student
  - This fee includes 20 hours of care, which can be shared within your family; if one child doesn't use all 20 hours, it is applied to other family members
  - Hours do not carry over month to month
  - Hours do not apply to full day TEC on 'no school' days
- After 20 hours of care is reached, there is an hourly fee assessed
  - 1 Child = \$3.75/hour after 20 hours
  - 2 Child = \$7.00/hour after 20 hours
  - 3 Child = \$9.75/hour after 20 hours
- Full Day TEC is offered on most 'no school' days. This will require a separate sign-up one week before the day and will be billed separately. The rate will be \$35 per day for the first child and \$25 per day for each additional child.
- At this time we do not offer drop-in care

### Billing

- Trinity Extended Care billing is through our FACTS program as an incidental bill
  - Through this program you will be able to pay with a credit card, checking account, savings account or a check.

To attend, please fill out the **Attendance Form & Calendar**. Any questions please call me.

Thank You,

**Ashley Hilton**

**Director of Trinity Extended Care**

**Ashley Cell – 507-450-8247**

Email: [ashley.hilton@k12.nd.us](mailto:ashley.hilton@k12.nd.us)

# Trinity Elementary Extended Care (TEC) Program Attendance Form

TEC School Location (circle one)                      Trinity East                      Trinity West                      Trinity North

**Please complete and return this form to the TEC office before your child(ren) can attend**

Name \_\_\_\_\_ Grade \_\_\_\_\_      |      Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_      |      Name \_\_\_\_\_ Grade \_\_\_\_\_

**Mother/Guardian Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Guardian Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email: \_\_\_\_\_

**Person(s) to contact in case of emergency DO NOT LIST PARENTS:**

1. Name: _____	2. Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

**Please list name(s) of anyone who is NOT allowed to pick up your child.** \_\_\_\_\_

\_\_\_\_\_

**\*Allergies, medical, special needs or other concerns:** \_\_\_\_\_

\_\_\_\_\_

**\*Any concerns you have about our program or your child?** \_\_\_\_\_

\_\_\_\_\_