



TRINITY CATHOLIC SCHOOLS Trinity Extended Care Program

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.

*Availability at North will be based on the number of registrations.

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,

Alexa Fugere

Director of Trinity Extended Care

Extended Care Phone 701-590-9413 / Alexa's Cell 701-264-9614

Email: alexa.fugere1@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?** _____