

St. Patrick School and Educational Center
311 Adams Street
Lowell, MA 01854
978-458-4232

Extended Day Program 2025-2026

St. Patrick School offers before and after school child care for students Pre-K through Grade 8. This service is offered Monday through Friday. The service will not be provided on half days or early release days. The program is coordinated and staffed by St. Patrick's School faculty and staff members who have completed a CORI check and fingerprinting. We are happy to provide you with this service. Children who attend will be provided with a snack along with the opportunity to play games and work on their homework.

The extended day program is separate from the regular school hours and is financially independent. A separate registration fee and daily rate is charged for participation in this program. You can be enrolled in before school, after school, or both. Children are welcome to attend one to five days per week. A flat rate registration fee will be charged upon application for the extended day program. If you think you may utilize the program at any time through the year we encourage you to register.

Invoices will be billed monthly through FACTS. If you do not pay your invoice by the due date, there will be late fees applied. If you have any financial concerns or questions, please speak with Ms. Kelly.

Hours and Fees

Registration Fee: \$25 annual flat rate

Before School:

Hours: 7:00am - 8:00am

Fee: \$10 flat rate per day

After School:

Hours: Dismissal - 5:30pm

Fee: \$10 per hour

Pickups after 5:30pm will be charged a late pickup fee of \$1 per minute

Please see attached registration form

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Extended Day Program 2025-2026 Registration Form

I wish to register my child/children for participation in the Extended Day Program:

Please Circle Before School After School Both Occasional

Student Name

Grade

Parent/Guardian Name (*Print*): _____

Parent/Guardian Phone Number: _____

Who is Authorized to Pick Up your child or children from the program?

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

In case of emergency, who should we contact if we are unable to reach you?

Name: _____

Relationship: _____ Phone Number: _____

I understand that payment for Extended Day must be paid in order for my child to attend.

Parent/Guardian (*signature*): _____