

Immaculate Conception School

127 Winthrop Avenue
Revere, MA 02151



Stephen Hanley, Principal

Phone: 781-284-0519

FAX: 781-284-3805

Website: icrevere.org

Email: icschool@icrevere.org

After School Program Fee Structure

Monday through Friday
Hours: 2:30 p.m. – 6:00 p.m.

First Fee: \$10.00 per day/one child until 3:30

\$15.00 for two children until 3:30

Second Fee: \$15.00 per day/one child until 4:30

\$20.00 per day/two children until 4:30

Third Fee: \$24.00 per day/one child until 6:00

\$35.00 per day/two children until 6:00

The After School Program is a separate service provided to Immaculate Conception School students in grades Pre-School through 6th grade.

*The daily fee for each student is payable in monthly or on the same day your child/children attend After School.

If a parent is late in picking up their child/children, a fine of \$1.00 per minute per child may be assessed. We will now be using a flat rate billing system. Bills will go out through FACTS tuition management system and can be paid directly online.

The After School Program is open on early release days.

The After School Program may close early when there is inclement weather.

About our Program

Students are provided a safe environment where they work on homework. They also can purchase a healthy snack and free play, both inside and outside (weather permitting) that is supervised by school staff.

Once the 2:30 school release bell rings, the students are checked into the After School Program, enjoy a snack, free play either in the school yard or in the school building, and work on their homework.

The students in grades Pre-Kindergarten through 2 are housed in the Music Room. Grades 3 through 6 are housed in a classroom.

Pick-up is from the main door and parents are required to sign-out their child.

Registration

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Mother/Guardian Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Father/Guardian Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Family Physician Name: _____

Phone: _____

Hospital Preference: _____

Known allergies or medical conditions: _____

Additional individuals who can be contacted:

Name: _____

Phone: _____

Name: _____

Phone: _____