

St. John's Extended Care Program



Dear Extended Care Parents,

Welcome back to another school year! Please see the information below for the 2026-2027 school year. We look forward to serving our school families by providing our extended care program. If you have any questions or concerns, please contact the school office: St.John's-Office@cdolinc.net

- Rates are billed by the **half-hour** and will be added to your online FACTS account monthly. The program closes at 5:45 pm. Any child/children remaining after that will be charged **\$5.00 per 5 MINUTES after 5:45 pm** until picked up.
- A snack is provided for children AFTER school. Breakfast is NOT provided to students BEFORE school.
- Incidental billing will be used on your FACTS account for payments. Charges incurred will be set to be paid on the 15th of each month. *****Please Select "Auto Pay"**

St. John's Extended Care Program

7601 Vine St.
Lincoln, NE 68505

Marie Meza, Program Coordinator

402-486-1860, ext. 54641
marie-meza@cdolinc.net

Hours of Operation	
Mornings	6:30 am - 7:45 am
Afternoons	3:15 pm - 5:45 pm
1:00 pm Dismissal	1:00 pm - 5:45 pm
12:00 pm Dismissal	CLOSED
Drop-Off & Sign-In / Pick-Up & Sign-Out	
Social Hall (unless otherwise notified)	

2026-2027 Rates	
1 Student	\$7.50 per hour
2 Students	\$10.00 per hour
3+ Students	\$12.50 per hour
<p><i>Families experiencing financial constraints are encouraged to contact the school administration to discuss their situation and explore possible financial plans. We work confidentially with each family to identify options that may support access to extended care services.</i></p>	

Please complete registration form below and **EMAIL or RETURN TO THE SCHOOL OFFICE.** The **\$20.00 annual registration fee**, one per family, will be billed to your online FACTS account upon registration to the program. You are only billed for the times you use the program.

Parent Names:			
Address:			
Phone Numbers:	<i>home</i>		<i>mobile</i>
Billing Email Address 1:			
Billing Email Address 2:			

Child/Children Names:	Before Care Check Box for YES	Approx. Hours (weekly)	After Care Check Box for YES	Approx. Hours (weekly)
1				
2				
3				
4				
5				
6				