

# St. James School

## EXTENDED CARE PROGRAM

### 2009-2010

In recognition of a need which exists for many of our families, and as a source of revenue, St. James School will continue to offer our Extended Care program.

**Time Schedule:** This program will be held in the school, the gym, the playground and the Fireside Room. Child care will be provided after school from 2:30-6:00 pm. Extended Care will operate on school days only, including early dismissal days when Extended Care will run from 11:30-6:00 pm.

**Activities:** Children who attend will have the opportunity to participate in planned activities, structured play, and outdoor games when weather permits. There will also be time for reading, relaxing, and doing homework. A nutritious snack will be provided each day.

**Supervision:** We are certified with Children's Services Division and follow their requirements of one adult teacher/aide for every 15 children.

#### **Fee Schedule:**

**Snack fee:** \$75.00 per child for the year or 75¢ per day

**Childcare charge:** \$2.75 per hour

Charges for child care will be calculated by the half-hour. Your child must be picked up by 6:00 pm or additional charges of \$1.00 per minute will be incurred. After half an hour has lapsed an additional \$10.00 per minute will be charged.

**Payments:** Parents will be required to sign their child out each day in our logbook. This logbook will also be used to compute the amount of money owed for your monthly statements. The statements will be sent home about the 5<sup>th</sup> of each month. Payments will be due on the 15<sup>th</sup> of each month to the school office. Accounts will be considered past due after the 20<sup>th</sup> of each month. Delinquency in payment is cause for student dismissal from the Extended Care program.

**Necessary Forms:** Extended Care Parent Contact; Extended Care Medical/Emergency Form. (Forms attached)

*Even if you do not plan to use Extended Care regularly, please fill out the attached forms so your child can attend Extended Care occasionally if the need arises.*

# ST. JAMES SCHOOL EXTENDED CARE CONTRACT

*Please fill out one application for each child.*

Child's name \_\_\_\_\_ 2009-2010 Grade \_\_\_\_\_

My child will attend Extended Care on the following days of the week:  
(Please circle all days that apply.)

Monday            Tuesday            Wednesday            Thursday            Friday

I will pick up my child at the following time: \_\_\_\_\_

Please check one:

\_\_\_\_\_ This is a permanent schedule. (In effect until further notice.)

\_\_\_\_\_ This schedule is for the week of \_\_\_\_\_, or month of \_\_\_\_\_.

\_\_\_\_\_ My child will attend Extended Care occasionally.

I agree to pay the following:

Snack fee of \$75 for the year **or**  75¢ per day

Child Care charges of \$2.75 per hour

Payments are due by the 15<sup>th</sup> of each month. Monthly statements will be issued about the 5<sup>th</sup> of each month to verify charges and payments. Accounts are considered past due after the 20<sup>th</sup> of each month. Delinquency in payment is cause for student dismissal from the Extended Care program.

I have read this agreement and understand that I am responsible for payment of my account within the limits herein stated. I agree that in the event that costs and/or fees are incurred in connection with my account, I will pay all such costs and fees.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

ST. JAMES SCHOOL EXTENDED CARE  
MEDICAL/EMERGENCY FORM

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's place of employment \_\_\_\_\_

Father's name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's place of employment \_\_\_\_\_

List all food allergies (for snack purposes): \_\_\_\_\_

\_\_\_\_\_

Additional information or concerns: \_\_\_\_\_

\_\_\_\_\_

In case of serious accident, 911 and the parents will be called. In case of an emergency which needs immediate attention and neither parent/guardian can be reached, I give permission to St. James School to contact and send the above-named child to the persons listed below, or, if necessary, to the doctor and/or hospital. I assume full responsibility if my child needs medical attention and assume any ambulance and medical expenses. I also give permission for Extended Care personnel to administer CPR and/or first aid if deemed necessary.

Doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone number \_\_\_\_\_

In case of emergency and parents cannot be reached, list names of relatives or friends that we may call. Please list those that also have permission to pick your child up from Extended Care.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_