

St. James School

EXTENDED CARE PROGRAM

2006-2007

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 p.m. Extended Care will operate on school days only, including early dismissal days when Extended Care will run from 11:30-6:00 p.m.

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 per child for the year or \$.75 per day for drop-ins.

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 p.m. or additional charges of \$1.00 per minute will be incurred. After half an hour has lapsed an additional \$10 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 on the 5th of each month. Payments will be due on the 15th of each month to the school office. Accounts will be considered past due after the 20th 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. (Attached)

ST. JAMES SCHOOL EXTENDED CARE CONTRACT

Please fill out one application for each child.

Child's name _____ 2006-2007 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 annual; or \$.75 per day for drop-ins

Child Care charges of \$2.75 per hour

Payments are due by the 15th of each month. Monthly statements will be issued on the 5th of each month to verify charges and payments. Accounts are considered past due after the 20th 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 _____

(Please fill out both sides.)

**ST. JAMES SCHOOL EXTENDED CARE
MEDICAL/EMERGENCY FORM**

Child's name _____ Birth Date _____

Address _____ Home Phone _____

Mother's name _____ Wk. Phone _____

Mother's place of employment _____

Father's name _____ Wk. 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 _____