

## St. James School - Extended Care Program 2007-2008 Registration

The St. James School extended care program is offered to Pre-K to 8<sup>th</sup> grade students and will operate from 2:30-6pm and on ½ days that do not fall right before a holiday. The program can be used on an as-needed basis. Simply send a note with your child informing the school that your child will participate in the program for a particular day.

The focus of the program is to provide a balance of academic and social activities (board games, gym and outdoor play time, crafts, appropriate movies, etc.). Supervision will be provided by adults with Act 33 & 34 clearances. The first hour or so will be set aside for snack and homework time. Each child will need to bring their own snack. Other program highlights may be offered over the course of the year, such as Art classes or Science labs.

Please submit this form and registration fee to the school office before beginning use of this service.

### FEES:

**Registration fee** - \$15 for first child; \$10 for each additional child

**Hourly / daily rate** - \$3/hour; \$10/day. Note that additional fees will be charged if your child is not picked up on time.

**Family Monthly Caps:** 1 child - \$150  
2 children - \$250  
3 or more children - \$350

**Payment:** Payment is to be made by check to St. James School. You will need to estimate your family's usage one month in advance and pay the estimated amount. A monthly true-up will be performed and provided to you. Any excess will be credited to your account. The first payment will be due August 15<sup>th</sup> for August and September estimated usage. The next payment will be due on the first of the month thereafter starting October 1.

<u>STUDENT NAME</u>	<u>GRADE</u> <u>(2007-08)</u>	<u>-----Estimated Usage-----</u>	
M/T/W/TH/F	_____	(Circle likely days)	# Hours/day      # Days/week
M/T/W/TH/F	_____	_____	# Hours/day      # Days/week
M/T/W/TH/F	_____	_____	# Hours/day      # Days/week
M/T/W/TH/F	_____	_____	# Hours/day      # Days/week
M/T/W/TH/F	_____	_____	# Hours/day      # Days/week

(See reverse side)

**Emergency/Authorized Pick-Up** - Including yourself, please fill in any individuals you authorize to pick up your child and who can be contacted in case of an emergency. List all numbers where the person can be contacted (work/home/cell). Children will only be released to these individuals. Please inform the authorized persons to be prepared to show identification.

Parent/Guardian: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Please note that people on this list will be contacted for emergency pick-up if you are unable to pick up your child by 6pm. An overtime fee will be charged if the monitor needs to stay beyond 6:00.**

**Please list any medical / other conditions or concerns that the supervisors should be aware of:**

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**If you have any questions, comments, or suggestions, please indicate them below.**

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**Please indicate whether you would like to provide added support in the way of donating your time or by way of a gift. Please be specific if possible (i.e., “I would be willing to be a regular volunteer once a month for one hour or two” or “I would be willing to be contacted to be a back-up to a supervisor on a busy day or day of a planned activity if the need arose”). A gift to the program could be a donation of one game, a book, a pack of paper, crayons/markers, a gift card to buy supplies/games, a monetary donation, etc. All donations are greatly appreciated and can be sent in with the form or at a later date to the school.**

**Time:** \_\_\_\_\_

**Gift:** \_\_\_\_\_

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

**Please note:**

- **If a child’s ride is delayed after school or after an organized program, they will be sent to the extended care program.**
- **If an after school program has a delayed start time, students will be sent to the extended care program until the start of the activity.**