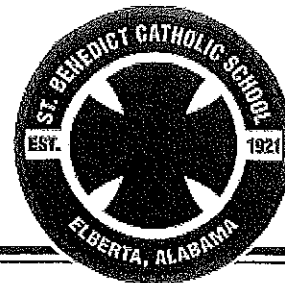


# S.B.C.S. Extended Day Program



## HOURS AND DAYS AVAILABLE

- The program will operate on the same schedule as the school beginning on the first day of school ending on the last day of school
- There will be **NO** care provided on holidays, or noon dismissal days.
- Snack is provided with the program daily.
- Program hours: 3:00 - 5:30.

## REGISTRATION

Only students registered in the program may attend. A student will be considered registered upon completion of this paper work, signed and notarized affidavits of exemption, and registration fee paid. As always, please be sure to update contact information. If a student will be attending on a drop - in basis, please take care of paperwork before the first day that the student/s will attend Extended Day Care. If an unregistered student is left at school after hours, the parent/guardian will be contacted to come and pick up the student/s.

## ARRIVAL AND DEPARTURE

Students enrolled in the program will go with the Extended Day staff when dismissed at the end of the school Day. Teachers will assist the students in reporting to Extended Day Care for sign-in. A person listed on the Student's information sheet **must** sign each student out daily. Please notify all pick - up persons to actively Engage with an Extended Day provider regarding the child's daily experience (**no cell phones please**). Students will not be allowed to walk home without prior written permission from a parent or guardian. **The program will end promptly at 5:30 daily.**

## FEES

The registration fee is \$35.00 per student and \$25.00 for each additional student per family. **Registration fee is non-refundable and due annually.** Students picked up after 5:35 pm, will be charged \$1 per minute. Please note that a courtesy call will be made after 10 minutes.

Rates are as follows:

1 child	\$12.00 per day, \$48.00 per week (5th day in the same week free)
2 children	\$22.00 per day, \$84.00 per week (5th day in the same week free)
3 children	\$28.00 per day, \$112.00 per week (5th day in the same week free)

Acceptable methods of payment include check, money order or cash.

There will be a \$35.00 charge on all returned checks.

Payments must be made in cash or money order following the second returned check.

# S.B.C.S. Extended Day Program Registration Form



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Names and Telephone Numbers:

Physician's Name \_\_\_\_\_ Hospital \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Card Holder \_\_\_\_\_

Names and Phone Numbers of Persons To Whom We May Release your Child/Children. A List Of At Least Two Individuals Other Than The Parents/Guardians Is Required. \*\*Unfamiliar Persons Will Be Asked For I. D.\*\*

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

\*\*Please List Any Restrictions On Persons That Are Not To Pick Up Your Child/Children\*\*

Please List All Allergies or Food Restrictions \_\_\_\_\_

IN THE EVENT OF A MEDICAL EMERGENCY We will attempt to contact parents/guardians or person on the emergency list provided. If necessary we will use the Medical release form signed by parents/guardian.