**25-26 EXTENDED DAY**

**ENROLLMENT AGREEMENT**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment Program**

Please check the program(s) for which you wish to enroll your child and circle the day(s) on which he/she will attend.

\_\_\_\_\_\_\_\_ Before School Care 6:30-7:50 AM M T W Th F

\_\_\_\_\_\_\_\_ After School Care 2:30-5:30 PM M T W Th F

What is the approximate pick-up time for your child? \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ My child will use the program on an occasional basis. I will give a two-day notice of day and time.

**Calculation of Fees**

Hourly fees will be calculated by the half-hour. You will be charged for a half hour for any part of the half-hour that your child is present.

The parent is contracting for childcare for the time period arranged.

NO REFUNDS OR ADJUSTMENTS TO ONE’S BILL WILL BE MADE FOR ONE OR TWO-DAY ABSENCES DUE TO ILLNESS OR OTHER REASONS. If adjustments to the schedule are necessary, contact the coordinator in advance.

Late fee: There will be a late fee of $5.00 per fifteen minutes or a portion thereof if picked up after 5:30 PM.

**Payments**

Fees must be paid weekly ONLINE through FACTS. Payments are due on Monday morning. Non-payment of two weeks will be understood as withdrawal from the program.

If payment is returned for insufficient funds, there will be a $30 processing fee and the debit amount. This must be paid before the child is permitted to continue attending the childcare program. If payment is returned a second time, all future payments must be made in cash.

Fees are the sole support of the St. Mary Extended Day Program; the school or parish does not subsidize this program.

**Registration**

A $20.00 per family non-refundable registration fee will be required of any family wishing to enroll children in the program, whether daily or occasionally. Advance registration and a two-day notice are required for occasional use.

Parent Signature  Date

**EXTENDED DAY**

**Parent Authorization**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent (Please Circle) Mother Father Both Parents

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of accident or illness during Extended Day hours and you cannot be reached, whom shall we call?

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following persons have my authorization to pick up my child: (Driver’s license will be used as identification for authorized pick up)

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please let us know BY PHONE or IN PERSON when anyone other than you will be picking up your child.***

**EXTENDED DAY PAYMENT PLAN**

Please check the payment plan/plans you will use.

\_\_\_\_\_\_ Weekly *before school* care $20.00 per week per family

\_\_\_\_\_\_ *After school* care weekly (2:30-5:30 PM) $50.00 per week per child

\_\_\_\_\_\_ Daily *before school* care 6:30-7:50 AM (No Hourly Rate) $5.00 per day

\_\_\_\_\_\_ Daily *after school* hourly (fill in times below) $5.00 per hour

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you choose the weekly rate, there will be no allowances made for occasional absences or days when school is not in session (Presidents Day, etc.) The last two weeks of school will be free for families that used the program ALL YEAR paying the WEEKLY RATE.

Please return the Enrollment Agreement and Parent Authorization forms and the $15.00 per family registration fee.



Parent Signature  Date