

ST. CHARLES BORROMEIO ACADEMY
EXTENDED DAYCARE PROGRAM
INFORMATION SHEET

St. Charles Academy provides supervised extended care with a light snack for Academy Students only. This service is available to families before school from 7-7:45am and after school from the time of dismissal until 5:30pm. Extended care is available on all half days of the school year unless otherwise noted.

REGISTRATION PROCEDURE:

Registration fee of \$40 for one child or \$60 for two or more children

is required at the time of enrollment. (This is a yearly requirement)

A registration form, emergency contact form (listing persons who may sign your child out at the time of pickup) Authorization of Emergency Care form must be completed and on file with the EDC directory. All forms must be completed and turned in with the fee before your child can begin our program.

Half-days: St. Charles Borromeo EDC will be open on school half-days.

Holidays and Vacations: EDC will be closed during Thanksgiving, Christmas, Easter vacations and all holidays honored by the school.

FEES:

All charges and payments will go through your FACTS account.

Any charges due will be billed at the end of each month.

Payments will be due by the 20th of each month.

A late fee of \$20 will be added to any balance not paid on time.

FEE SCHEDULE

\$5 Per Day/Per Student (M-F) 7am-7:45am

\$25 Per Day/Per Student (Monday – Thursday) 3pm – 5:30pm

\$25 Per Day/Per Student (Friday or any half days) 12:30pm – 3:00pm

\$50 Per Day/Per Student (Friday or any half days) 12:30pm – 5:30pm

****This set amount will be billed every month.****

Failure to pay fees on a timely basis may result in dismissal from daycare.

****PAST 5:30PM A LATE FEE OF \$5.00 PER MINUTE WILL BE ADDED TO YOUR FACTS ACCOUNT****

PLEASE CHOOSE THE DAYS OF THE WEEK YOUR STUDENT WILL BE ATTENDING:

_____ **MONDAY – FRIDAY (7-7:45AM)**

_____ **MONDAY – THURSDAY (3PM-5:30PM)**

_____ **FRIDAY (12:30PM-3:00PM)**

_____ **FRIDAY (12:30PM–5:30PM)**

The EDC program is an extension of the school. It will be guided by the school's discipline policy. Registration of your child or children in the EDC program is equivalent to a commitment on the parent's part to adhere to all discipline action, and on the child's part to obey all the school and EDC rules.

**St. Charles Borromeo Academy
Extended Care Registration Form**

CHILD'S NAME _____ **AGE** _____ **GRADE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

FATHER'S NAME _____ **CELL PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EMPLOYER _____ **ADDRESS** _____

WORK PHONE _____ **ALT PHONE** _____

MOTHER'S NAME _____ **CELL PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EMPLOYER _____ **ADDRESS** _____

WORK PHONE _____ **ALT PHONE** _____

STEP PARENT NAME _____ **CELL PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EMPLOYER _____ **ADDRESS** _____

WORK PHONE _____ **ALT PHONE** _____

MEDICAL INFORMATION: If your child has any special medical problems that we should be aware of please list below. If your child must take medication you must provide the same permission slip as the school uses. In the event of an emergency, (I) we further consent to the decision made by the school or any and all of its agents relating to the provision of medical assistance.

AGREEMENT: I UNDERSTAND THAT ALL FEES WILL BE DUE ON THE 20TH OF EACH MONTH. I AGREE TO PICK UP MY CHILD PROMPTLY ACCORDING TO THE SCHEDULE I HAVE SELECTED. I FURTHER UNDERSTAND THAT MY CHILD WILL BE REQUIRED TO FOLLOW APPROPRIATE RULES OF CONDUCT IN ACCORDANCE WITH THE SCHOOL RULES. VIOLATIONS WILL RESULT IN DISCIPLINE INCLUDING PARENT/PRINCIPAL CONFERENCES AND IF NECESSARY REMOVAL FROM THE PROGRAM.

PARENT SIGNATURE

DATE

(OVER)

EMERGENCY

List people who can pick up your child in case of illness or accident.
ID required and child must be signed out by the Daycare Supervisor.

_____	_____	_____
Name	Relationship to child	(H) Phone
_____	_____	_____
Address	Cell Phone	(W) Phone
_____	_____	_____
Name	Relationship to child	(H) Phone
_____	_____	_____
Address	Cell Phone	(W) Phone
_____	_____	_____
Name	Relationship to child	(H) Phone
_____	_____	_____
Address	Cell Phone	(W) Phone
_____	_____	_____
Name	Relationship to child	(H) Phone
_____	_____	_____
Address	Cell Phone	(W) Phone