

SAN JOSE CATHOLIC EXTENDED SCHOOL CARE – 2017/2018

STUDENT INFORMATION

Student's Name: _____ Gender: _____ Grade _____

PARENT / GUARDIAN INFORMATION

Father: _____ Home#: _____ Work#: _____ Cell#: _____
Mother: _____ Home#: _____ Work#: _____ Cell#: _____
Guardian: _____ Work#: _____ Cell#: _____
Student Lives with (check all that apply) () Father () Mother () Guardian

EMERGENCY CONTACTS

In the event the parents/guardians cannot be reached, the school will call the people listed below. People listed should be individuals who can:
1.) give permission to administer health care; 2.) pick up your child if child is ill; 3.) give advice about caring for your child

Name: _____ Name: _____
Address: _____ Address: _____
Relationship to student: _____ Relationship to student: _____
Home phone: _____ Home phone: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell phone: _____

STUDENT PICK UP

Please list the people who you authorize to pick up your child from SJCS's afterschool program.

Name: _____ Name: _____
Address: _____ Address: _____
Relationship to student: _____ Relationship to student: _____
Home phone: _____ Home phone: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell phone: _____

HEALTH INFORMATION

In the case of an emergency, 911 and the parent/guardian will be contacted.

Please list below any disabilities or allergies which would limit the child from participating fully in the extended school care program.

Chronic Illnesses: _____
Injuries: Accidents, fractures, burns, operations: _____
Allergies: _____
Unusual or special instructions: _____

If I, my child's emergency contacts listed above cannot be reached in an emergency, I authorize school employees or legal representatives to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician.

IT IS UNDERSTOOD AND AGREED THAT: The extended school care will begin the first day of school at 2:30 and last until 6:00 pm. There will be no extended school care when the students have a free day or holiday. Exceptions will be the early release Wednesdays each week and the early dismissal day before Christmas and Easter Holidays. On these days the program will begin at either 1:40 or 12:00 and last until 6:00 pm. The schedule of rates will be as follows:

PLEASE ENROLL MY CHILD IN :

K-8 MONTHLY RATES (PER CHILD)

() If child is picked by 6:00 - \$ 210.00

PRE-K-4 MONTHLY RATES (PER CHILD)

() If child is picked by 2:30 - \$ 200.00

() If child is picked between 2:30 & 6:00 - \$330.00

PRE-K-2 & PRE-K-3 MONTHLY RATES (PER CHILD)

() 5 Day from 12- 2:30 - \$200.00 /12 Noon-6pm: \$330.00

() 3 Day from 12- 2:30 -\$135.00 /12 Noon-6pm: \$280.00

() 2 Day from 12- 2:30 - \$100.00 /12 Noon-6pm: \$240.00

Occasional Care

() \$8.00 per hour

Payment is due within 10 days of invoice date. Any account 30 days past due will no longer be able to use the program until the account is paid in full. It is important that you pick up your child NO LATER THAN 6:00pm. If you are unable to do so, please make arrangements with someone who can. LATE CHARGES AFTER 6:00pm WILL BE AS FOLLOWS: \$1.00 per minute per student for any time after 6:00pm, payable at time of pick up.

Signature of Parent/Guardian: _____ Date: _____