

SAINT ANDREW SCHOOL EXTENDED CARE SCHEDULE

The after school hours for Extended Care are 3:00 to 5:30 P.M. on school days that Saint Andrew School is in session and will open on early dismissal days from time of dismissal to 5:30 P.M.

FEE SCHEDULE

\$3:00 - 1 hour or less per child (15 minute grace period) per child for first hour

\$7.50 - per day for anything over 1 hour (maximum 3:00-5:30) per child

\$10.00 - per day for 2pm dismissal days per child

15:00 per day for Noon Dismissal days (12:00 to 5:30) per child

Drop-Ins: Only when space is available. Call the school office and leave a message. The program coordinator will return your call as soon as possible. Please try to give at least a 24 hour notice. **If you have a special work situation, contact Saint Andrew School, 687-2013 ext. 221**

GENERAL FEE INFORMATION

1. **PAYMENT** is due on the last day of each week your child attends unless other arrangements are made. Checks are to be written to Saint Andrew Extended Care and should not be combined with other school fees. Checks should be turned into the coordinator. **Fees for "DROP-INS" are expected to be paid on the same day.** If your family is having financial difficulties and you cannot make a payment on time, please contact the school principal.
2. **LATE PAYMENTS** if payment is not received within two weeks of the due bill your children may not be accepted into Extended Care until the bill is paid.
3. **CLOSING TIME** is 5:30 P.M. **Failure to pick up children by 5:30 P.M. will result in a \$1.00 per minute fine which is to be paid upon pick up of your child(ren).**
4. If parents need to change days or hours of attendance, please discuss with coordinator or call the school office.

DAILY SCHEDULE AND PROGRAM

AFTER SCHOOL (Times may vary.)

3:00	Attendance
3:15-3:45	Play period, Snacks
3:45-4:30	Homework
4:30-5:30	Activity, Games or Movie

****OUTDOOR PLAY:** All children are required to go outside, weather permitting and parents are expected to dress their children accordingly. Parent(s) must send a written note if a child should NOT go outdoors due to illness.

SAINT ANDREW EXTENDED CARE REGISTRATION FORM

Name of Child _____ Age _____ Grade _____

Name of Child _____ Age _____ Grade _____

Name of Child _____ Age _____ Grade _____

Name of Child _____ Age _____ Grade _____

Address _____ Zip Code _____ Telephone _____

Father's Name _____ Where Employed _____

Work Telephone _____

Address _____ Home Telephone _____

Cellular/Pager # _____

Mother's Name _____ Where Employed _____

Work Telephone _____

Address _____ Home Telephone _____

Cellular/Pager # _____

Family Physician _____ Telephone _____

Hospital Preference _____ Telephone _____

Allergies or Chronic Conditions _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY WHEN PARENTS OR GUARDIAN(S) ARE UNAVAILABLE.

Name _____ Address _____

Relationship to Child _____ Telephone _____

ATTENDANCE AND INFORMATION

MY CHILD WILL ATTEND EXTENDED CARE WEEKLY ON:

(Please indicate days and approximate pick-up time.)

_____ MONDAY Pick-up Time _____

_____ TUESDAY Pick-up Time _____

_____ WEDNESDAY Pick-up Time _____

_____ THURSDAY Pick-up Time _____

_____ FRIDAY Pick-up Time _____

PERSON(S) AUTHORIZED TO PICK UP MY CHILD:

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____