

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Homeroom/Grade: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

*Please circle the number you want called first.*

Father: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mother: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Guardian: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Student Lives with (check all that apply)      ( ) Father      ( ) Mother      ( ) Guardian

**EMERGENCY CONTACTS/ STUDENT PICK UP**

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.) be authorized to pick up and/or if child is ill, and 3.) give advice about caring for your child.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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 or 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 (ESC) will begin the first day of school at 12:00 for Pre-K students and 3:05 for students in Kindergarten through 8<sup>th</sup> grade. ESC ends at 6:00 p.m. daily for all students. Exceptions are early release Wednesdays and all other early dismissal days, except for the last day of school (no ESC available that day). On these days the program will begin at 1:40 (Wednesdays) or 12:00 (early dismissal days) and last until 6:00 p.m. There is no ESC when school is not in session. The schedule of rates is as follows:

**PLEASE ENROLL MY CHILD IN:**

**K-8 MONTHLY RATES (PER CHILD)**

( ) If child is picked up by 6:00 - \$ 225.00

**PRE-K4 MONTHLY RATES (PER CHILD)**

( ) If child is picked up by 2:30 - \$ 225.00

( ) If child is picked up between 2:30 & 6:00 - \$360.00

**PRE-K2 & PRE-K3 MONTHLY RATES (PER CHILD)**

( ) 5 Day from 12- 2:30 - \$225.00 / Noon-6:00 - \$360.00

( ) 3 Day from 12- 2:30 - \$150.00 / Noon-6:00 - \$295.00

( ) 2 Day from 12- 2:30 - \$110.00 / Noon-6:00 - \$240.00

**Occasional Care**

( ) \$9.00 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. A late fee of \$10 per month will apply for all balances past due.** It is important that you pick up your child NO LATER THAN 6:00 p.m. If you are unable to do so, please make arrangements with someone who can. **LATE CHARGES AFTER 6:00 p.m. WILL BE AS FOLLOWS:** \$1.00 per minute per student for any time after 6:00 p.m.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_