

**SAN JOSE CATHOLIC EXTENDED SCHOOL CARE – 2022-2023**

**STUDENT INFORMATION**

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 3:05 for students in PreK 3 through 8<sup>th</sup> grade. ESC ends at 6:00 p.m. daily for all students. **Exceptions are half days, (no ESC available on 11/22,12/20,4/5,6/2).** There is no ESC when school is not in session. The schedule of rates is as follows:

**PLEASE ENROLL MY CHILD IN:**

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

\_\_\_\_\_ If child is picked up by 6:00 - \$ 235.00

**OCCASIONAL CARE (PER CHILD)**

\_\_\_\_\_ \$10.00 per hour or any portion of an hour

**Payment is due by the 20<sup>th</sup> of each month. Billing and payment thru FACTS. 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: \_\_\_\_\_