

EXTENDED DAY CARE AGREEMENT FORM

2023-2024 SCHOOL YEAR

**Saint James Catholic School
EXTENDED CARE EMERGENCY INFORMATION SHEET**

PLEASE PRINT CLEARLY – COMPLETE ALL QUESTIONS – ALL INFORMATION IS CONSIDERED CONFIDENTIAL

Family LAST Name: _____ Home Phone #: _____ / _____

Home Address: _____

City _____ State _____ Zip Code _____

Student Name	Grade	PRECAUTIONS / ALLERGIES / MEDICATIONS – LIST ALL
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

FATHER’S Name: _____ MOTHER’S Name: _____

Cell Phone #: _____ / _____ Cell Phone #: _____ / _____

Employer: _____ Employer: _____

Work Phone #: _____ / _____ Work Phone: _____ / _____

Emergency Care Information: In the event I/we cannot be reached, one of the following designated contacts should be notified. They are authorized to act in our absence and will be informed that their names have been listed as emergency contacts.

Emergency Contact Name	Relationship to Child	Daytime Phone #	Cell Phone #
1) _____	_____	_____ / _____	_____ / _____
2) _____	_____	_____ / _____	_____ / _____
3) _____	_____	_____ / _____	_____ / _____
4) _____	_____	_____ / _____	_____ / _____

SPECIAL NOTES/CONCERNS – Please list all: _____

HOURS: 6:45 AM – 7:30 AM and 3:00 PM – 6:00 PM

MY CHILDREN WILL BE ATTENDING EXTENDED DAY CARE AT ST. JAMES SCHOOL - AFTER SCHOOL EXTENDED CARE \$4.50 PER HOUR OR PORTION THEREOF, PER STUDENT, UNTIL 6:00 PM. THE RATE WILL INCREASE TO \$1.00 FOR EVERY MINUTE AFTER 6:00 PM.

THE REQUIRED REGISTRATION FEE OF \$10.00 PER STUDENT IS ENCLOSED.

I AGREE AND UNDERSTAND MY FINANCIAL OBLIGATION AND RESPONSIBILITY AS A PARENT/GUARDIAN IN HELPING TO MAKE THE EXTENDED DAY CARE PROGRAM A SUCCESS. I AGREE TO PAY ACCORDINGLY, AS INDICATED ABOVE.

PAYMENTS ARE DUE THE 10TH OF EACH MONTH.

PARENT SIGNATURE: _____ **DATE** _____