



# APPLICATION FOR EXTENDED CARE 2021-22

## LIMITED CAPACITY

Enrollment will be limited to families who can't make alternative plans due to job restrictions. We ask for your help in adhering to this request. If your family will be using the Extended Care Program (Kids Club) services this year, please complete this packet and return with a registration fee of **\$30** by **August 27th**. The registration fee is used for supplies and materials to be used during Extended Care. Incomplete packets will not be processed.

**The first opportunity for Extended Care is August 30, 2020, at 7 a.m.**

The St. Agnes School Extended Care Program is available before school from 7 – 8 a.m. and after school from dismissal time until 6 p.m.

Cost: \$5 / hour per child

*Without 24-hour notice, the cost is \$6 per child*

*You will be charge \$7/ minute for any time after 6 p.m.*

A monthly invoice will be provided for charges accrued, and payment is expected within one week of receipt of invoice.

I agree to pay the above fees for the Extended Care Program, and I understand that my child/children cannot attend day care until the attached form is completed and processed.

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

For office use only

Reservation fee (check # / amount): \_\_\_\_\_



# EXTENDED CARE PROGRAM CONFIRMATION OF ATTENDANCE 2021-22

Family name: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Starting date and time: \_\_\_\_\_

### Days and hours of attendance:

Monday	Tuesday	Wednesday	Thursday	Friday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
(hours)	(hours)	(hours)	(hours)	(hours)

Persons authorized to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_

Under no circumstances will a child be released to anyone not listed above without written authorization from parents or guardian. In case of an emergency, information from your child's Emergency Card will be used. Please notify the Extended Care Director if information needs to be changed at any point during the year.

Parent's name (printed): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_