



EXTENDED CARE, 2023-2024

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

EXTENDED CARE			
BEFORE SCHOOL		AFTER SCHOOL	
Number of Students	Daily Rate 6:30-7:30	Number of Students	Daily Rate 3:00-5:30
1	\$4	1	\$8
2	\$8	2	\$14
3	\$12	3	\$18
4	\$16	4	\$24
Additional \$3 per student After School from 5:30 – 6:00 pm			

At Holy Name Catholic School, we offer safe and engaging child care before and after school for all HNCS students. The Before School program is held in Hartman Hall (the Café) from 6:30-7:30am. Students will be given a light morning snack and have the opportunity to purchase a breakfast that includes a hot or cold entrée, orange juice, and milk. The After School program includes snacks, crafts, and play time in the Café and JCPC.

Extended Care requires a \$35 registration fee for the first child, and \$10 for each additional child. This is a pre-pay service. All registration paperwork must be submitted and fees be paid before students are able to participate.

Please note that any time a student is not picked up by 3:15, he/she will be sent to the after school program and parents will be charged the daily rate (and registration fee if it has not already been paid). Students involved in after school clubs will be sent to the after school program and charged the daily rate if not picked up within ten minutes of the end of the club's meeting time.

Extended Care will be available on early release days. Please register at least two weeks prior to those dates so we can arrange for enough supervision to meet the student-to-adult ratio that we wish to maintain. The registration fee and daily rate is required in advance even if students only use the service on early release dates.

If students are not picked up from After Care by 6:00 p.m. parents will be charged an additional rate of \$10 per student every fifteen minutes.

Mother's Name: _____ Email: _____ Phone #: _____

Street Address: _____ City: _____ Zip: _____

Father's Name: _____ Email: _____ Phone #: _____

Street Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Email: _____ Phone #: _____

Street Address: _____ City: _____ Zip: _____

OVER ----->

Please circle the days that you anticipate utilizing extended care, and estimate the typical time of arrival or pick up.

Estimated Before School (6:30-7:30 am) Drop Off

Monday	Tuesday	Wednesday	Thursday	Friday
:	:	:	:	:

Estimated After School (3:00-5:30* pm) Pick Up

Monday	Tuesday	Wednesday	Thursday	Friday
:	:	:	:	:

Estimated After School (5:30 – 6:00 pm) Pick Up**

Monday	Tuesday	Wednesday	Thursday	Friday
:	:	:	:	:

* A charge of \$3 per child will be due if student(s) remain past 5:30 pm.

**A charge of \$10 per 15-minute increment is due per student(s) picked up after 6:00 pm.

Please list any physical limitations or medical concerns:

Circle all that apply: Asthma y / n Seizures y / n

Allergies y / n If yes ,please list and explain

With whom (other than legal guardians) may your child be released?

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

In case of emergency when parents cannot be located, please list in order of preference whom we should contact LOCALLY?

Name: _____

Relationship to child: _____

Phone #: _____

Name: _____

Relationship to child: _____

Phone #: _____

We encourage all families to prepay by cash, check, or money order, payable to Holy Name Catholic School. Credit card payments may be made in the school office.

I have read and understand the policies stated.

Parent/Guardian Signature

Date