

HOLY FAMILY EXTENDED CARE PROGRAM 2023-2024

This program is designed to meet the needs of working parents and is available to all children (Nursery and Pre-K full time students through 8th grade) in Holy Family School. The program will be in session from **7:30am-8:30am** and again from **2:45-5:45pm**.

The first hour of the afternoon program will be quiet homework/reading/study time. A **peanut free** snack and drink are recommended to be sent in with your child/children.

There is a non-refundable registration fee of \$35.00

The fee schedule for the afternoon session (2:45-5:45) on full days is as follows:

1 child	\$25.00 per day
2 children	\$35.00 per day
3 children	\$40.00 per day
4 children	\$50.00 per day

Aftercare will be available on early dismissal days (unless otherwise stated on school calendar or by notice sent home) the hours are 11:15am – 4:15pm. Unless specified differently.

1 child	\$50.00 per day
2 children	\$60.00 per day
3 children	\$70.00 per day
4 children	\$80.00 per day

Morning care begins at 7:30 am and is \$10.00 per day, per child.

****IN ADDITION THERE WILL BE A LATE FEE OF \$25 PER DAY (PER CHILD) per ½ hour IF NOT PICKED UP BY 5:45PM (or 4:15PM on early dismissal)**

Your child/children will not be able to attend the Extended Day Program until the registration fee and emergency contact (must be 2) information forms are completed. There will be no exceptions.

Payment will be billed through FACTS on a monthly basis.

Extended Care Program Contract 2023-2024

Registrant, as parent or guardian of _____ understand and agree:

1. I understand I am enrolling my child in the program and during vacation periods, days that school is closed, the program will not operate.
2. I agree to pay a **\$35.00 non-refundable registration fee** upon enrolling my child/children into the program.
3. I understand that I am responsible for bi-weekly or monthly payments that will be billed to me through FACTS. If however a balance goes into the next month and no contact and/or arrangements have been made with the Director **removal from the program and collection may follow.**
4. I understand that there will be a \$25.00 fee imposed for any returned check. If there is a 2nd returned check, Holy Family Extended Care reserves the right to require future payment by money order or cash.
5. If any child is having problems adjusting to the program, a conference may be arranged between the staff and me. **Appropriate behavior is a requirement for continued enrollment.**
6. The official closing time is **NO LATER THAN 5:45pm. (It is your responsibility to arrange for authorized pick up if you are going to be late). I understand that I must pick my child up by 5:45pm or I will be charged a late fee of \$25.00(per child) per ½ hour. The child must be signed out by an authorized person at PM dismissal.**
7. If a medical emergency arises, the Holy Family Extended Care Staff will first attempt to contact me by telephone. If I cannot be reached, the staff will contact my child's doctor. If an emergency is such that immediate hospital attention is necessary, the staff will contact emergency personnel. I understand that I am fully responsible for any expenses for medical care or transportation incurred on my child's behalf. I understand that I am responsible for reporting any new information **directly to the Holy Family nurse and the Holy Family Director.**
8. I have read and fully understand the Policies and Procedures and I agree to abide by them.

Parent/Guardian: _____

Date _____

Holy Family Extended Care Contact Information

Child First Name _____ Last _____

Grade _____ Morning _____ Afternoon _____

PARENT(S) or GUARDIAN(S)

Names: _____ Home Phone: _____

Mother's Cell # _____ Work # _____

Father's Cell # _____ Work # _____

DEPARTURE PROCEDURE: Child must be picked up by an authorized person (ID may be requested). In addition to the parents of the child, please list at least two additional authorized persons. These additional people must be in the **LOCAL** area of the school.

Name	Phone	Relationship
1.		
2.		

EMERGENCY MEDICAL INFORMATION

Doctor's Name: _____ Phone #: _____

Emergency Contacts: Please give the name and phone number of two **local** people that may be notified in case of emergency or illness when parent and /or guardian are not available. Please also give a telephone number where these people may be reached during program hours.

Name	Phone	Relationship
1.		
2.		

Emergency Medical Release: If emergency medical care is deemed necessary and I cannot be reached, I authorize the Child Care Program Staff to act on my behalf in granting my child to receive emergency treatment.

Parent/Guardian Signature: _____

HEALTH PROFILE

Child's Name	Allergies (Specify)	Medications	Medical Conditions	Comments



Holy Family School Aftercare Allergy Plan

“Making a difference one child at a time...”



Name: _____

DOB: _____

Weight: _____

Allergy to: _____

Action Plan

Administer _____ mL of _____ if the child exhibits the following:

- Itch/runny nose
- Itchy mouth
- A few hives, mild itch
- Mild nausea/discomfort

Inject EPINEPHRINE IMMEDIATELY and call 911 if the child exhibits:

- Shortness of breath/wheezing
- Pale blue, weak pulse, dizzy
- Tight hoarse throat, trouble breathing or swallowing
- Swelling of the lips or tongue
- Many hives or widespread redness
- Repetitive vomiting or diarrhea
- Confusion, anxiety, or feeling if something bad is about to happen

Emergency Contact Information

Name: _____

Phone Number _____

Name: _____

Phone Number _____



Holy Family School Aftercare Allergy Plan

“Making a difference one child at a time...”



I _____ (parent or guardian) of

_____ (students name) authorize the Aftercare Staff to act

in accordance with the following Action Plan for my child. (See reverse side)

Parent or guardian Signature

Date

Any Additional Notes/Information:
