

## Saint Mary Catholic School Extended Care Program 2022-2023

Thank you for choosing our Extended Care Program for your family. All students will be signed in at the cafeteria and are required to be signed out by someone listed on the attached form.

**The Extended Care phone number during program hours is (850) 865-2945.**

|                 | <b>Morning Care:</b> | <b>Aftercare:</b> | <b>Both:</b> |
|-----------------|----------------------|-------------------|--------------|
| One Child:      | \$ 770.00            | \$1,322.00        | \$1,910.00   |
| Two Children:   | \$1,396.00           | \$2,276.00        | \$3,268.00   |
| Three Children: | \$1,836.00           | \$3,012.00        | \$4,332.00   |

These amounts are for the year and can be divided into 10 monthly payments which will be added to your FACTS Agreement.

**SNACK:** A small snack is provided for all students. Feel free to send an additional snack for your child as they are often hungry again before pick-up. Also, if your child has special dietary needs, you will be responsible for providing a suitable snack.

**PICK UP AFTER 6:00 pm:** **\$2.00 PER MINUTE** that Extended Care Staff has to wait.

**EARLY RELEASE DAYS:** Watch for Flocknotes and SMCS Messages on our website as to which days we will offer Extended Care.

**AFTERSCHOOL ACTIVITIES:** If your child is involved in tutoring, sports, etc. immediately after school, please notify the teacher or coach if your student should go to Aftercare when the activity is finished. If the activity begins later than 3:00 pm, a note must be provided from the parent or guardian specifying the time and activity for the student's release. **Students will not be released without a note or email to [peggybroaddus@saintmaryschool.net](mailto:peggybroaddus@saintmaryschool.net).**

**ELECTRONICS:** Please leave all electronics at home. We are not responsible for any lost, damaged, or stolen items. Any electronics brought in will be collected and returned to the parent/guardian. The only exception is for middle school laptops which can be used during homework time only.

### **EXTENDED CARE RULES**

1. Students must report to the Extended Care Staff immediately after school is dismissed. Teachers of small children will escort students to Extended Care. The Extended Care Program is not responsible for students who do not report after school.
2. When students are on the playground, they must stay within the fenced area. Students will be in the cafeteria if the weather does not allow outside activities.
3. Students must have the permission of the staff to re-enter the school once they are outside. The staff needs to know where the children are at all times.
4. All students will be signed in at the cafeteria and **must** be signed out by someone listed on the attached Family Record Form. If other arrangements have to be made for pick up, please notify the school. Persons picking up students will be required to show a picture I.D.
5. All students will be expected to respect the staff and each other as well as the materials and environment provided. Student offenses will be handled on an individual basis.

**Children who cannot follow the rules of the Extended Care Program will be removed from the program.**

**The attached Family Record Form must be filled out, signed, and returned before your student(s) will be allowed to stay at the Extended Care.**

## Extended Care Program 2022-2023 Family Record Form

Please list each student using first and last name. Please list all medications taken routinely and any allergies.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F  
Allergies, Medications, Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F  
Allergies, Medications, Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F  
Allergies, Medications, Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F  
Allergies, Medications, Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Additional persons permitted to pick up your children from Extended Care (must be at least 16 years of age and be able to show picture id):**

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Phone \_\_\_\_\_

4. Name \_\_\_\_\_

Phone \_\_\_\_\_

**I have read the rules and agree to abide by them.**

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_