

# Christ the Teacher Catholic School

## EXTENDED DAY PROGRAM

### 2018-19



The Extended Day Program begins on Wednesday, September 5<sup>th</sup>. The program offers a “drop-in” plan and a more cost effective “monthly” plan. See options and payment schedules below. If a student is picked up after 6 PM, there is a \$5 per minute per child late fee. If you have any questions, please call 838-8850 x125.

### **Monthly Extended Day Fees**

|                                                 |                |                   |                   |
|-------------------------------------------------|----------------|-------------------|-------------------|
| <b><u>Before School Care</u></b><br>(from 7 AM) | <b>1 Child</b> | <b>2 Children</b> | <b>3 Children</b> |
| 5 days per week                                 | \$50           | \$80              | \$90              |
| <b><u>After School Care</u></b>                 | <b>1 Child</b> | <b>2 Children</b> | <b>3 Children</b> |
| 5 days per week                                 | \$180          | \$360             | \$500             |
| 4 days per week                                 | \$170          | \$340             | \$470             |
| 3 days per week                                 | \$150          | \$300             | \$400             |
| 2 days per week                                 | \$130          | \$260             | \$365             |

**MONTHLY PLAN** - Payments are the same every month, nine equal payments (September thru May). These nine payments cover the entire school year. All Extended Day monthly fees are debited from FACTS on the 20<sup>th</sup> of the month.

My child/children will be attending:

\_\_\_\_\_ Before School (5 days a week)

\_\_\_\_\_ After School    \_\_\_\_\_ 5 days a week    \_\_\_\_\_ 4 days a week

                                 \_\_\_\_\_ 3 days a week    \_\_\_\_\_ 2 days a week

Please circle days (if not all week) M Tu W Th F

**TOTAL MONTHLY FEE DUE: \$ \_\_\_\_\_**

### **Drop-In Extended Day Fees** - The fee is **\$15/day** per student for PM and **\$4/day** per student for AM.

Children can use the Extended Day program on a drop-in basis. If the fee is not paid the day of, the drop in fees will be debited from your FACTS account on the 20<sup>th</sup> of the following month.

**PLEASE COMPLETE INFORMATION BELOW IF YOUR CHILD WILL USE EXTENDED DAY REGULARY (monthly plans).**

Student Name          AND Grade:         

1) \_\_\_\_\_ Grade \_\_\_\_\_ 2) \_\_\_\_\_ Grade \_\_\_\_\_ 3) \_\_\_\_\_ Grade \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ **(See Page 2)**

## Medical Information needed for Extended Day

Name of Student : \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mother Cell Ph: \_\_\_\_\_

Father's Cell Ph: \_\_\_\_\_

Mother Work Ph: \_\_\_\_\_ Father's Work Ph: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

### Persons who may pick up your child(ren):

Name: \_\_\_\_\_ Relationship : \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Information:

Pertinent Medical Information (allergies, chronic conditions, etc):

Student: \_\_\_\_\_ Medical Information: \_\_\_\_\_

Student: \_\_\_\_\_ Medical Information: \_\_\_\_\_

Student: \_\_\_\_\_ Medical Information: \_\_\_\_\_

**If not enrolled at CTT, I give permission for the school nurse to give the following medication if needed: \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Ibuprofen**

**Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_**