



EXTENDED CARE
Information Sheet
(Extended Care will be closed on all school holidays.)

HOURS:

Monday-Friday 3:30-6:00 p.m. (*Extended Care will be closed on all school holidays.*)

FEES:

Full Time: 5 days per week—\$45.00 per week for the first child; \$22.50 per week for each additional child
Part Time: 4 days per week—\$40.00 per week for the first child; \$20.00 per week for each additional child
3 days per week—\$35.00 per week for the first child; \$17.50 per week for each additional child
2 days per week—\$25.00 per week for the first child; \$12.50 per week for each additional child
1 day per week —\$20 per week for the first child; \$10.00 per week for each additional child

Drop-in-Option— If your child is not picked-up by 3:30 and is not enrolled in Extended Care, you will be charged a \$20.00 drop-in fee per child.

PAYMENT/LATE FEES:

Charges will be posted to your RenWeb account the first of each week and due by Friday of that week. You may pay electronically or make checks payable to OCA and submit payment in the Elementary Office.

LATE PICK-UP FEES:

We close at 6:00 p.m. If you are late picking-up your child, a late fee will be charged to your RenWeb account. Fee assessment begins at 6:01 p.m. The late fee is \$10 per child for each quarter hour or portion thereof. (If you are ten minutes late, the fee is \$10 per child. If you are sixteen minutes late, the late fee is \$20 per child.)

DISCIPLINE: All students enrolled in Extended Care are required to follow the *Code of Conduct* as stated in the Student Handbook. Minor discipline problems will result in time-out; however, major infractions will result in a referral to the principal.

AUTHORIZED PICK-UP:

Please include everyone on the enrollment form who will be able to pick-up your child. We will not dismiss your child to an individual who is not on your list. If you need to add or delete someone as the year progresses, we will need these changes in writing. **We will not accept changes over the phone, unless approved by the principal.**

Please keep this page for your reference.
Complete the attached enrollment form and submit it to the
Elementary Office.



**2016-2017 Extended Care
Enrollment Form**

STUDENT NAME: _____

TEACHER'S NAME & GRADE: _____

PARENTS' NAME: (Please list both parents) _____

Check one: ___ 5 days (per week); ___ 4 days (per week); ___ 3 days (per week); ___ 2 days (per week); ___ 1 day (per week)

EMERGENCY CONTACTS: (List all numbers where you can be reached in case of emergency. Please contact the office with changes that occur throughout the year.)

AUTHORIZED PICK-UP (Other than parents) Please include phone #s.

FOOD ALLERGIES: (Please list all that apply.)

By signing below, I am verifying that I have read, understand, and accept the guidelines of Extended Care as stated on page 1.

DATE: _____

Parent Signature: _____
