



EXTENDED CARE Information Sheet

(Extended Care will be closed on all school holidays.)

HOURS:

Monday-Friday 3:15-5:30 p.m. *(Extended Care will be closed on all school holidays.)*

FEES: *Extended Care fees are figured on 175 total days of school @ \$8.00 per day divided over 10 months. If you choose to commit to one of the following payment plans, this amount will be due regardless if the child attends those days. If your child will only need Extended Care occasionally, it is recommended that you use the drop-in option.*

Full Time: 5 days per week—\$140.00 per month for the first child; \$70.00 per month for each additional child

Part Time: 4 days per week—\$112.00 per month for the first child; \$56.00 per month for each additional child

3 days per week—\$84.00 per month for the first child; \$42.00 per month for each additional child

2 days per week—\$56.00 per month for the first child; \$28.00 per month for each additional child

Drop-in-Option— If your child is not picked-up by 3:15 and is not enrolled in Extended Care, you will be charged a \$10 drop-in fee per child. This fee is payable the day the charge is incurred. No exceptions.

When you enroll your child for 2, 3, or 4 days, you are committing to us that they will only be here that many days a week. If they are here more than the number of days for which they are enrolled, you will be required to pay the \$10 drop-in fee per student. This fee is payable the day the charge is incurred. No credits or refunds will be given if your child is not here the number of days enrolled. Also, we will not carry it over to the next week. If you have two children who are coming on a part-time basis, you will still be required to pay the full fee even if only one child comes that week.

PAYMENT/LATE FEES:

All payments are due on the first of each month payable in advance. If payment is not received by the 10th, a 20% late fee will be assessed. If this payment is not paid within 5 days, your child may not be able to attend Extended Care until all payments are received in full. Since the amount you pay is the same each month, you will **NOT** receive an invoice. **Please make all checks for Extended Care payable to OCA. (Extended Care fees cannot be withdrawn from your bank account.)**

LATE PICK-UP FEES:

We close at 5:30 p.m. If you are late picking-up your child, a late fee will be due and payable immediately to the teacher in charge of your child. Fee assessment begins at 5:31 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.) Parents who are late more than three times will be asked to have an in-depth discussion with the director and/or locate a child care center with a later pick-up time.

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. If a child receives two referrals, the parents may be asked to make other after-school arrangements.

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.**

**Extended Care
Enrollment Form**

STUDENT NAME: _____

TEACHER'S NAME & GRADE: _____

PARENTS' NAME: (Please list both parents) _____

Check one: _____ 5 days (Full Time); _____ 4 days; _____ 3 days; _____ 2 days; _____ Drop-in Only

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 rules of Extended Care.

DATE: _____

Parent Signature: _____