



## EXTENDED CARE

2023-2024

### AGES:

PreK - 8th grade students may enroll for Extended Care. PreK students will be picked up from the PreK building, while K-8th will be picked up from the elementary building.

### HOURS:

Monday-Friday: 3:30-6p; *Extended Care is closed on all school holidays*

### FEES:

Full-time: 5 days per week - \$56 for the first child; \$42 for each additional child  
Part-time: 4 days per week - \$50 for the first child; \$38 for each additional child  
3 days per week - \$43 for the first child; \$33 for each additional child  
2 days per week - \$35 for the first child; \$27 for each additional child  
1 day per week - \$26 for the first child; \$20 for each additional child

**DROP-IN-OPTION:** If you have not enrolled in Extended Care and your child is not picked up by 3:30p, he/she will be placed in Extended Care for a \$26 fee.

### DISCIPLINE:

All students enrolled in Extended Care are required to follow the *Code of Conduct* for OCA 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 parent 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

2023-2024

**Student/s Name:** \_\_\_\_\_

**Grade/s:** \_\_\_\_\_

**Parent/Guardian Name/s** (Please list both names): \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Phone No:**

\_\_\_\_\_

**Emergency Contact/s** (List all numbers where you can be reached in case of emergency. Please contact the office with changes that occur during the year):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorized pick up** - Please include phone numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:** \_\_\_\_\_