



575 S. Walnut Ave, Brea, CA 92821 ♦ 714.529.6372 ext. 108 / Cell 562.650.1811 ♦ extendedcare@stangelabrea.org

Extended Care Program Registration 2017-2018

Child(ren) Name(s) _____

Grade(s) _____

Parent/Guardian Name _____ Phone # _____

Email _____

Registration is \$35 per child or \$50 per family. Registration fees are to be paid on the first day of school. Please do not send payment prior to the first day of school- Thank You.

Enrollment Options

Check One	Extended Care Session	Weekly Schedule	Fee
	Before School	6:30a-7:45a includes late starts	\$104/month
	After School	2:45p-6:00p includes early dismissals	\$220/month
	Before and After School	6:30a-7:45a/2:45p-6:00p Includes late starts/early dismissals	\$253/month
	We offer a 10% sibling discount. The discount will be taken off of the second child's tuition rate. Please note the above prices are per child.		Additional hours or days will be charged the drop-in rate
	Enrolled Drop-In	As needed	\$15/hour

Payment Terms: Billing statements will be sent via e-mail no later than the 7th of the month. Fees will be due on or before the 15th of the month. Fees not paid by the 15th of the month will accrue a \$10 late fee **per month**. Failure to submit payment by the end of the month will result in temporary loss of Extended Care use until balance is paid. **There are no refunds or tuition credits allowed for absences, Non-School Days or Extended Care Closed Holidays.** All enrollment changes must be requested and approved in advance. Changes are limited to twice a school year and will be effective the first of the following month. Changes in your agreed scheduled days may result in additional charges. Thank You.

Other Fees

Description	Fee
Late Pick Up Fees	\$1 per minute after 6:00 PM
Late Payment Fees	\$10 per billing period

Sign up for FACTs

Consistent Care families have the option of paying Extended Care fees through FACTs. **The deadline to sign up for this option is Monday, August 15th.** Please note that signing up for this option means fees will be paid over 9 months, which results in a higher monthly payment than listed above. FACTs will withdraw from your account from September 2017 through May 2018.

Parent Statement of Understanding

- I understand that I must complete my child's registration packet, including registration and payment before he/she may attend.
- **I agree to comply with the Payment/Behavior Terms & Policies provided here and in the Extended Care Parent Handbook.**
- **I agree to read the Extended Care Program Parent Handbook provided on Sycamore.**
- I understand that this contract begins after I have signed it and it has been received and signed by the Director. Any and all changes must be approved, agreed and in writing.
- **I understand that all Extended Care fees not paid by June 1st, 2018 will result in loss of Extended Care use and will delay registration in the Fall.**
- Consistent Care
 - **I understand that I will be required to pay my fees in 10 installments, unless enrolled in FACTs, and that my Consistent Care Fees have been prorated over the number of hours Extended Care is open, including full payments in December and June, unless enrolled in FACTs.**
- Drop-In Care
 - **I understand that I will be billed \$15 an hour, regardless if the entire hour was used.**
 - I understand that my monthly fees will be based on the number of hours used for the previous month.
 - **I understand that in June I must pay my Extended Care fees on a daily basis via cash or check.**

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

Extended Care Program Emergency Form 17-18

FAMILY NAME _____

Home Phone _____

Home Address _____

Father's Name _____ Cell Phone _____ Employer _____

Address _____ Work Hours _____ Work Phone _____ Wish to be called? Yes No

Mother's Name _____ Cell Phone _____ Employer _____

Address _____ Work Hours _____ Work Phone _____ Wish to be called? Yes No

Child(ren) Live(s) with: Both Parents Mother Father Other _____

Student Medical Release

We the undersigned parents of _____, agree that should it be necessary for my/our child(ren) to have medical treatment (including dental or hospital treatment) during Extended Care, I/we hereby give St. Angela Merici Extended Care Staff permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

It is understood that a conscientious effort will be made to notify me/us before any such action is taken. It is further understood that I/we release St. Angela Merici Parish Extended Care Program and/or the person representing this form of all liabilities connected with the transportation, diagnosis treatment, hospital care and expenses necessary for the treatment for my/our child(ren).

<u>Students Name</u>	<u>Grade</u>	<u>Birth Date</u>	<u>Allergies & Precautions</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician's Name _____

Phone Number _____

Address _____

City _____

Hospital Preference _____

City _____

Insurance Carrier _____

Policy Number _____

Dentist's Name _____

Phone Number _____

Insurance Carrier _____

Policy Number _____

Emergency Contact List

I authorize St. Angela Merici Parish School Extended Care Program staff to notify and release my above named child(ren) to the adults listed below in the event of an emergency. I understand that the staff will make every attempt to notify myself first.

I understand that any of these adults may be required to show proper identification and that at any time my child(ren) is/are signed out of the program, School and Extended Care staff relinquishes all responsibility for my child(ren).

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date

Date

Extended Care Program Pick Up Authorization Form 17-18

FAMILY NAME _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

I authorize St. Angela Merici Parish School Extended Care Program staff to release my above named child(ren) to the adults listed below in the event I am unable to pick them up on any given day. These adults may be different than those listed on my emergency card and may include fellow school parents, friends, family, coaches, etc.

I understand that any of these adults may be required to show proper identification and that at any time my child(ren) is/are signed out of the program, School and Extended Care staff relinquishes all responsibility for my child(ren).

I also understand that my child(ren) will not be released for any reason, to any person not on this form or the school emergency card, unless I submit a signed and dated written authorization note.

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date

Extended Care Program Permission to Watch PG Movies 17-18

Dear Parents,

Occasionally we will watch movies during Extended Care. We view movies that are rated G or PG by the U.S. Conference of Catholic Bishops Office for Film and Broadcasting. Below is a permission slip for your child to view PG movies in Extended Care. Children whose parents do not give permission to view the PG movie or do not have a permission slip on file will be given an alternate activity.

Children(s) Name(s)

I, _____ give my above named child(ren) permission to watch a PG rated movie as defined by the U.S. Conference of Catholic Bishops Office for Film and Broadcasting while in Extended Care.

Parent/Guardian Signature _____ Date _____

I, _____ **DO NOT** give my above named child(ren) permission to watch a PG rated movie as defined by the U.S. Conference of Catholic Bishops Office for Film and Broadcasting while in Extended Care. Please give them an alternate activity.

Parent/Guardian Signature _____ Date _____

Extended Care Program FACTS (optional) 17-18

Parents have the option of paying their Extended Care fees via FACTS. If you would like to pay **monthly** via FACTS (see below for semi-annual and annual option), please fill out the form below and return to the office no later than **Monday, August 15th**. Please note that signing up for this option means fees will be paid over 9 months, which results in a higher monthly payment than our 10 month Consistent Care fees. FACTS will withdraw from your account from September 2017 through May 2018.

This option is also available if you are on a **semi-annual or annual payment plan**. You may choose to have your Consistent Care fees deducted in FACTS on a monthly basis, or pre-paid with your semi-annual or annual payments. For this option, this form must be turned into the office no later than **Thursday, July 13th**.

Extended Care FACTS Authorization Form

I authorize St. Angela Merici Parish School to withdraw my Consistent Care fees from my FACTS account. The withdrawal date will occur on the same date as my regularly scheduled monthly tuition payments. I understand this is a nine month payment plan beginning in September 2017 and ending in May 2018, if I choose the monthly option. I understand that if I choose the annual or semi-annual option, that my Extended Care fees will be deducted on the same date as my school tuition.

Check One	Extended Care Session	Fees
	AM 1 child	\$115 (9 pmts)
	PM 1 child	\$244.44 (9 pmts)
	AM/PM 1 child	\$281.11 (9 pmts)
	AM 2 children	\$219.55 (9 pmts)
	PM 2 children	\$464.44 (9 pmts)
	AM/PM 2 children	\$534.11 (9 pmts)
	Semi-annual AM 1 child	\$520 (2 pmts)
	Semi-annual PM 1 child	\$1,100 (2 pmts)
	Semi-annual AM/PM 1 child	\$1,265 (2 pmts)
	Semi-annual AM 2 children	\$988 (2 pmts)
	Semi-annual PM 2 children	\$2,090 (2 pmts)
	Semi-annual AM/PM 2 children	\$2,403.50 (2 pmts)
	Annual AM 1 child	\$1,040 (1pmt)
	Annual PM 1 child	\$2,200 (1pmt)
	Annual AM/PM 1 child	\$2,530 (1pmt)
	Annual AM 2 children	\$1,976 (1pmt)
	Annual PM 2 children	\$4,180 (1pmt)
	Annual AM/PM 2 children	\$4,807 (1pmt)

Child's Name

Grade

Child's Name

Grade

Parent Signature

Date