

Pope St. John Paul II Catholic Academy
EXTENDED CARE PROGRAM
2020-2021

Hours of Operation:

North Campus

6:30 – 8:00 a.m.

3:00 – 6:00 p.m.

South Campus

7:00 – 8:00 a.m.

3:00 – 6:00 p.m.

Monday through Friday on all student attendance days.

Extended hours are not available on early release days unless determined in advance with notice.

No care available on the day preceding Christmas break, Spring Break and Holy Thursday. Other exceptions will be noted with advance notice.

Requirements:

Must attend Pope St. John Paul II Catholic Academy School, and

- Have a completed registration form on file
- Have a completed emergency information form on file
- Have a signed Extended Care Agreement on file

Fees:

\$5.00 per hour for the first child and \$4.00 per hour for each additional child. Billing will be figured on the half hour. Billing: Bills will be delivered electronically approximately every 2 weeks. Payments due within 5 days following billing cycle. Child(ren) will be removed from the program if 2 consecutive payments are missed. 2 NSF checks will result in cash ONLY payments Overtime: \$1.00 (per child) per minute for students picked-up after 6:00 p.m. As a courtesy, please call the school office by 3:15 p.m. if you have a change from your regular routine. Thank you!

As parent or legal guardian of the student(s) listed below, I/we recognize the value of the community at Pope St. John Paul II Catholic Academy, and I/we agree to the following terms and conditions of the Extended Care Program.

Family Name: _____

1. I/we agree to pay the Extended Care Bill within 5 days of its receipt.
2. I/we understand the billing procedure and know that my child(ren) will be removed from the program if 2 consecutive payments are missed. Once payment is made I may re-enroll my child(ren).

3. I/we will speak with the School's Head of School/Principal if there is a problem with our ability to pay.

4. I/we accept the terms and conditions of this agreement and by signing it, I/we freely agree to abide by the aforementioned terms and conditions.

Parent/Guardian Signature: _____

Should an emergency arise, I/we give permission to seek and obtain medical attention for my child(ren) listed below. I/we understand that it may be necessary to contact emergency personnel prior to notifying me/us.

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

Address: _____

Parent 1/Guardian Name: _____

Telephone: _____

Parent 2/Guardian Name: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

Hospital Preference: _____

Physician(s) Name: _____

My/Our Child(ren) may be picked up by those listed below. A photo I.D. will be required.

Name: _____

Name: _____