

**ST. JOSEPH CATHOLIC SCHOOL
EXTENSION PROGRAM PARENT/SCHOOL AGREEMENT
2009-2010**

The St. Joseph Catholic School Extension Program offers before and after school care for students. This program is operated and supervised by the school. The purpose of the program is to assist parents who need supervised care for their children in grades K to 8, one hour before school begins and between the hours of school dismissal and 6:00 p.m. Only children enrolled in the school may participate. Students are covered under the student accident insurance.

Program: Supervised play, supported homework time, arts and crafts, etc. Homework time is a requirement for all students in the program. All students will participate in the homework time; however, it is the parent's responsibility to check a student's homework to be sure it is complete. Snacks are not regularly provided. We recommend that children bring snacks in the afternoon.

Hours for the Extension Program are: Monday through Friday from 7:00 a.m. to 8:00 a.m. and from the time of school dismissal until 6:00 p.m. Students must be escorted by a parent to morning extension.

Registration Fees for 2009-2010 school year:

Fees paid prior to 9/30/09 are: \$50.00 per family.
Fees paid after 9/30/09 are: \$70.00 per family.

Monthly Program:

1 Child (Grades K - 8)	\$190.00 per month
2 Children (Grades K - 8)	\$290.00 per month
3 Children (Grades K - 8)	\$325.00 per month

Monthly fees are due the 1st of each month and are late if not paid by the 10th. A \$20 late charge is assessed on late payments. All billing-related questions should be addressed to Mrs. Miller at (530) 885-4490, Ext. 28.

Hourly Program:

\$5.00 per hour per child

Hourly fees are paid in advance. Families are encouraged to have a "nest egg" of \$40.00 or more on deposit with EDP in order to avoid late charges. Parents will receive reminder notices when accounts drop below \$20.00. If the account balance drops to less than zero, a \$20.00 penalty will be charged.

Guidelines for Late Pickups (Only two per year):

Children must be picked up before extension closes at 6:00 p.m. Frequent lateness in picking up a child is grounds for terminating the family's participation. Parents failing to meet the payment obligations, when due, will not be eligible to continue in the program. **THE FEE FOR PICKING A CHILD UP AFTER 6:00 P.M. IS \$1.00 PER MINUTE PER CHILD. THIS FEE IS PAID IN CASH TO THE SUPERVISOR ON DUTY AT THE TIME OF PICKUP.**

Discipline: Refer to the Parent/Student Handbook. Failure to obey discipline rules will terminate participation in the Extension Program.

If your child has an allergy or is taking medication, please inform the EDP staff in writing and list the allergy and medication(s) below.

Allergy: _____ Medication: _____

Registration Fees

Date Rec. _____

Check #/Cr# _____

Amt. _____

Director Initial's _____

FAMILY NAME: _____

(Mom) _____ (Dad) _____ (first name, please print)

Home Phone: (Mom) _____ (Dad) _____

First Address:

Street _____ City _____ Zip _____

Second Address:

Street _____ City _____ Zip _____

EMPLOYER NAME: (Mom) _____ Phone _____ Pager/Cell _____

EMPLOYER NAME: (Dad) _____ Phone _____ Pager/Cell _____

Please list all students enrolled in the school. Circle the choice of program for each student.

PLEASE INCLUDE THEIR DATE OF BIRTH.

Student Name Grade Date of Birth Student Name Grade Date of Birth

1. _____ Monthly/Hourly _____ / ____ / ____ 2. _____ Monthly/Hourly _____ / ____ / ____

3. _____ Monthly/Hourly _____ / ____ / ____ 4. _____ Monthly/Hourly _____ / ____ / ____

Names and telephone numbers of the persons who are authorized (other than parents) to pick up child(ren) from the Extension Program. These people may also be called in case of emergency; therefore they must be within a one-hour driving distance from school. Please print.

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I/We, the undersigned parents/guardians, request and give permission for our child(ren) to participate in the St. Joseph School Extended Day Program. I/We agree to indemnify and hold harmless the Diocese of Sacramento, St. Joseph School and all of their agents, employees, consultants, (paid or volunteer) from any loss or liability arising out of the extended care program as such loss or liability relates to the child(ren) covered by this agreement.

I/We understand that the child must be signed out daily.

I/We agree to all of the above terms and request permission for our child(ren) to be enrolled in the St. Joseph Parish School Extension Program.

Date ___/___/___ Father Signature _____ Mother Signature _____

OFFICE USE ONLY: 6:00 p.m. LATE PICK UP DATES AND SIGN OUT TIMES

DATE _____ TIME _____ PARENT SIGNATURE _____

DATE _____ TIME _____ PARENT SIGNATURE _____

THE THIRD TIME A CHILD IS PICKED UP AFTER 6:00 p.m. THE FAMILY IS NO LONGER ELIGIBLE TO USE THE EXTENDED DAY PROGRAM.

DATE _____ TIME _____ PARENT _____