

# Saint Patrick School

## Extended Care Information 2018/2019

St. Patrick's provides an after school program. This service is intended to give your child a safe place to stay after school in the event that you cannot be there at 3:00 to care for your child yourself.

**HOURS:** Extended care is held on a daily basis on those days when school is in session. The time is from 3:05 – 5:30 PM beginning on the first day of school. If school is closed early because of inclement weather or early release days, Extended Care is also cancelled.

**CHECK-IN:** At dismissal time, students in Extended Care should report to the Pre-Kindergarten room with any materials they need to take home. After they are checked in, they will receive a snack. Following the snack, the children may participate in games, silent reading, art, outside or inside play, do their homework and when available, do computer work.

**HOMEWORK:** It is the child's responsibility to acknowledge his/her assignment and then to use the resources available. Children are expected to complete homework before engaging in play. The staff may help with questions, words, etc. but in no way will they do the assigned work.

**DISCIPLINE:** The discipline procedures of the school will carry over to the Extended Care program. Each school family receives a copy of the school handbook containing this information. Children may not bring toys from home.

**ILLNESS/ACCIDENTS:** For the safety and health of all the children in the Extended Care program, no ill child will be accepted into the program. No medicines will be given to a child while in the Extended Care program. Parents or people listed on the family information form filed with the school office will be contacted in the event a child becomes ill during Extended Care hours. All necessary steps will be taken to provide care of an injured child. An accident report will be filled out on any accident that results in injury to a child,

**STAFF:** Select St. Patrick School teachers are the staff members that supervise the children in the extended care program.

**FEES/PAYMENTS:** Extended Care is supported by fees and not subsidized by the school or parish. Prompt payment of the fees is expected. The fee schedule is based on one-half hour increments and multiple children discounts. If pick up is later than 5:30 PM, add \$3.00 for every ten minute period or portion thereof.

Payment may be made daily, weekly and semi-monthly only. You will be billed monthly. We reserve the right to refuse care for failure to make regular payments.

**CHECK-OUT:** Students must be signed out of the Extended Care area. No child will be permitted to leave unless signed out by a parent or other authorized person, whose name must appear on the enrollment form. (If we are unfamiliar with the identity of the person who comes to pick up your child, we ask for an ID, or deny the person the right to take the child.)

If you have any questions about the Extended Care program, contact Linda Layer at the school office.

# **Extended Care Program Fee Schedule 2018/2019**

<b>HOURS</b>	<b>PICK UP TIME</b>	<b>COST FIRST CHILD</b>	<b>TOTAL COST OF TWO CHILDREN</b>	<b>TOTAL COST OF THREE OR MORE CHILDREN</b>
<b>1</b>	<b>4:00</b>	<b>5.00</b>	<b>7.50</b>	<b>9.50</b>
<b>1.5</b>	<b>4:30</b>	<b>7.50</b>	<b>11.25</b>	<b>14.25</b>
<b>2</b>	<b>5:00</b>	<b>10.00</b>	<b>15.00</b>	<b>19.00</b>
<b>2.5</b>	<b>5:30</b>	<b>12.50</b>	<b>18.75</b>	<b>23.75</b>

**Extended Care activities end at 5:30 PM.**

**Charges after 5:35 PM are \$3.00 each 10 min. per child.**

**Any bill two weeks overdue will terminate the use of the Extended Care Program**

**St. Patrick's School  
325 Mansion Street  
Mauston, WI 53948  
608-847-5844**

**Statement of Compliance  
2018 - 2019**

**I have read and agree to uphold and abide by the rules and conditions set forth in the St. Patrick's Extended Care Program information letter enclosed in this packet.**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

**Please return to the school office along with the registration form and deposit.**

# REGISTRATION FORM

## St. Patrick School – Extended Care Program

Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

First Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Second Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Days and Times of Intended Use of the Extended Care Program

Day of Week	Time	Day of Week	Time

Signature / Date \_\_\_\_\_