

EXTENDED CARE ENROLLMENT APPLICATION FOR 2017-2018

Fee Type		Amount (one time)	Per Family
Registration (required)		\$65	X
Package Options		Amount (monthly, due on the 15th)	# Children
Full Time	AM Care	\$75 (\$35 Aug)	
	PM Care	\$170 (\$85 Aug)	
	Combined	\$200 (\$100 Aug)	
4 - Day	AM Care	\$60 (\$30 Aug)	
	PM Care	\$150 (\$75 Aug)	
	Combined	\$170 (\$85 Aug)	
3 - Day	AM Care	\$50 (\$25 Aug)	
	PM Care	\$130 (\$65 Aug)	
	Combined	\$145 (\$75 Aug)	
2 - Day	AM Care	\$40 (\$20 Aug)	
	PM Care	\$110 (\$55 Aug)	
	Combined	\$120 (\$60 Aug)	
Non-Package Options		Amount (due on day of attendance)	
Drop-In	AM Care	\$3 daily	
	PM Care	\$9 per hour, capped at \$25 daily	
Late Fees:		Children remaining in our care after 6pm incur a late fee of \$20/child , per quarter hour, payable at time of pickup.	Initial: _____
Times:		AM Care: 7:00am - 7:45am, PM Care: 3:00pm - 6:00pm	
After School:		The children, depending on their age group, will be escorted from the classroom to either the Nursery or gym and placed in our care after classes are dismissed. We will take attendance, serve a snack, then supervise planned activities that are age appropriate. Study Hall is available.	
Pickup:		We ask that you list the people other than yourself authorized to pick up your children. Please send a note or call the Extended Care office at 405-751-7115 (x118).	
Rules and Guidelines:		Each adult and child is to treat each other with respect. We expect the children to follow the rules and guidelines set forth in the student handbook. The school reserves the right to determine, at their discretion, when conduct is of such a severe nature as warrant immediate dismissal from our program.	

Yes, I am in agreement with the above guidelines and agree to pay according to the option I selected. I understand that if my account is overdue by more than two months, my child(ren) may be removed from the program until the matter is rectified.

Parent/Guardian Signature: _____ **Date:** _____

ENROLLMENT INFORMATION

MOM		Home Phone:	
Name:		Daytime Phone:	
Email:		Cell Phone:	
DAD		Home Phone:	
Name:		Daytime Phone:	
Email:		Cell Phone:	

CHILD'S NAME	DATE OF BIRTH	GRADE

AUTHORIZED PICK-UP NAME	RELATIONSHIP	PHONE

Please list three people who will be eligible to pick up your child with your authorization.

I hereby authorize the caregivers of the St Eugene Catholic School Extended Care Program to supervise my child. I agree to the policies and guidelines of this program. I release from liability St. Eugene School and the Archdiocese of Oklahoma City from any claims or legal action. In case of injury, at the discretion of the Extended Care Director, my child may be taken to a hospital and I understand that I will be notified as soon as possible.

Parent/Guardian Signature: _____ **Date:** _____