



EXTENDED CARE REGISTRATION AGREEMENT

Name of Student _____ Current Grade _____

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Person Responsible for Extended Care Payments _____

Allergies and Emergency Action Plan on file with Child of God? : Yes No

COST
 One child = \$6/hour. Two children = \$5/hour per child. Three or more children - \$4/hour per child

If you are serving as a parent volunteer after school hours, you may use Extended Care at a special volunteer rate of \$2.50/hour per child **if space is available**. Please discuss with Extended Care Coordinator to make arrangements at least one day in advance.

STAFF
 Our staff are employees of Child of God Lutheran Church & School. They are committed to providing quality care and to serving the needs of the children and families at Child of God Lutheran School.

Extended Care Coordinator: Michelle Franklin extendedcare@coglcs.com

DAILY SCHEDULE
 Schedule may vary depending on weather conditions and other activities.
Morning - Before School
 6:30 – 8:00 am :: Organized games or free choice activity

Evening – After School
 3:30 – 4:00 pm :: Check-in and Homework
 4:00 – 4:15 pm :: Snack
 4:15 – 6:00pm :: Outdoor time or free choice activity

TERMS & CONDITIONS	<u>Initials</u>
I understand that all policies and procedures outlined in the Parent-Student Handbook will apply to the Extended Care program. A copy of the Parent-Student Handbook is available on Sycamore.	
I understand that it is my responsibility to update all Emergency Contact Information, medical information, and authorized pick up information in Sycamore.	
I understand a minimum late fee of \$10 for time spent in Extended Care between 6:01 and 6:10 p.m. will be charged to my account per child. At 6:11 p.m., an additional \$1.00 per minute will be assessed per child. This is in addition to the regular cost.	
I understand that it is my responsibility to monitor my family’s Extended Care account balance by logging into Sycamore to review my account on a regular basis.	
I understand that it is my responsibility to pay my family’s Extended Care account balance regularly, either by making payments through Sycamore or by dropping off payments in the office/drop box.	

Signature of Parent/Guardian _____ Date ____/____/____

FOR OFFICE USE ONLY:
 Date Received _____