

Dear Parents:

St. Columba Extended Care is available from 6:30 am to 7:45 am and from 3:00 pm until 6:00 pm. Minimum Days 12:00 pm until 6:00 pm. Monday through Friday. We offer care for all students who attend St. Columba School grades K – 8.

Students arriving at school before 7:45 must be signed in by a parent/guardian into day care in the Art Room (formally know as the music room). Again, when picking up in the afternoon all students must be signed out by a parent or guardian; this is mandatory. In the afternoon, Extended Care consists of snack, homework time, and indoor and outdoor adult directed and supervised activities.

Rules for behavior at Extended Care are the same as during the school day, with the same consequences. Parents/guardians of students who misbehave will be notified, and some students may be issued detentions or be asked to perform some service. In extreme cases, a parent will be notified and asked to pick up their child immediately. If a student consistently misbehaves at Extended Care, they will not be able to use the Extended Care services.

The appropriate emergency information forms must be filled out and provided to the Director, or turned into the school office before your child may attend extended care. **Only the parent/guardian, or a person designated on the registration/emergency form may sign out a child. (Identification may be requested). The emergency information is for both our regular and drop-in children.**

The registration fee is \$20.00 per child (to help cover cost for snacks and supplies). If your child will be attending EDC the \$20.00 registration fee is due with the registration form. The fee is \$5.00 per hour per child, and will be set-up through FACTS. For your child to attend EDC all fees must be kept current. Also, please note: A \$4.00 late fee will apply for every 15 minutes after 6:00 om. Please contact the school office if you have any questions or need further information.

Sincerely,
Ms. Rose Navarro
Principal

**ST. COLUMBA SCHOOL EXTENDED CARE
AUTHORIZATION EMERGENCY INFORMATION**

(If your child will be attending extended care, please complete this form and return)

| | | | |
|-------------------|-------|------------|-------|
| Child's Last Name | First | Birth Date | Grade |
| Child's Last Name | First | Birth Date | Grade |
| Child's Last Name | First | Birth Date | Grade |
| Child's Last Name | First | Birth Date | Grade |

Home Address _____ Home Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 e-mail: _____

Emergency Information:

List below the names of person(s) you, (the parents or guardian) authorize to sign your child out from St. Columba Adventure Club. In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. Identification may be requested.

- 1) _____ (2) _____
 Name Phone Name Phone
 3) _____ (4) _____
 Name Phone Name Phone

Who may not pick-up your child (if you are not available)? _____

Consent: I understand that the school does not assume responsibility for payment of a physician, however in an emergency I wish my child to be taken to the emergency hospital. I wish the following Doctor to be notified.

| Name | Phone | Medical Grp. & Address | Medical Record # |
|------|-------|------------------------|------------------|
| | | | |

Does your child have any unusual health conditions? Yes ___ No ___
 If yes, please explain below:

Precautions:

PARENTS' BUSINESS ADDRESS & TELEPHONE
 The following telephone numbers may be used in case of an emergency

| | | |
|---------------|-----------------------------|----------------|
| Mother's Name | Employer & Business Address | Business Phone |
|---------------|-----------------------------|----------------|

| | | |
|---------------|-----------------------------|----------------|
| Father's Name | Employer & Business Address | Business Phone |
|---------------|-----------------------------|----------------|

Mother's Cell Phone _____ Father's Cell Phone _____

MEDICATIONS: All needed medications will be kept in the Extended Care Facility. (A medical authorization form signed by both the doctor and parent for medications to be administered/held at school is required.) A medical authorization form may be requested from the school office.

I have read the extended care information sheet and agree to the payment schedule, policies and terms as stated.

Parent/Guardian Signature: _____ Date _____