

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 of \$20.00 (to cover cost for snacks and supplies). If your child will be attending EDC the \$20.00 registration fee is due by September 2<sup>nd</sup>. 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. For families who need to use EDC for the first week of school (only) August 29<sup>th</sup> - September 2<sup>nd</sup> will only be charged from 3:00 – 6:00 pm. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 \_\_\_\_\_