

# ST. RITA CATHOLIC SCHOOL EXTENDED CARE PROGRAM: 2017 - 2018 BEFORE SCHOOL CARE & AFTER SCHOOL CARE REGISTRATION

The Before School Care Program (BSC) is provided beginning at 6:30 am for all students **except 2 yr olds**. The earliest **2 yr olds (TT2)** can be dropped off is 7:15 am. All other students who arrive at school before 7:30am **must** report to the cafeteria & sign into the Before School Care Program. The Before School Care Fee is **\$3 per child per day**. **This does not include breakfast**.

At 7:30am students in the **TT3, PK4 & Kindergarten** will be brought to their classroom. Students in 1<sup>st</sup>- 7<sup>th</sup> grades are released to the courtyard or gym, as weather dictates, to wait for the bell and enter classrooms.

Breakfast is available in the cafeteria between 7:00am & 7:40am each morning. Prices for breakfast are set by School Food Services; there is a free and reduced food program for qualifying families. **Students may not bring breakfast into classrooms**.

The After School Care Program (ASC) begins at 3:15pm. Snacks & playtime are provided for all students during ASC. Students in 1<sup>st</sup>-7<sup>th</sup> grades will have time for independent homework.

Students in after school extracurricular activities utilizing ASC following said activities must be signed into the ASC program **BEFORE** going to the activity.

Participation in the Extended Care Program is a service afforded St. Rita Catholic School families. Inappropriate behavior while participating in these programs may result in suspension or termination of services.

Accounts for BSC & ASC services must be current for students to continue receiving the services offered through the program. **Invoices not paid by the due date will result in suspension of school services until the account is made current**.

A registration fee of **\$10 PER CHILD** is required for students to participate in the Extended Care Program.

<b>ASC Rates and Times</b>		
TT2 - 7 <sup>th</sup> Grades	3:15 pm – 4:15 pm	\$3 for the 1 <sup>st</sup> hour
*TT2 - 7 <sup>th</sup> Grades <b>TT2 must be picked up by 5:15 pm</b>	4:16 pm – 5:15 pm	Plus \$4 for the 2 <sup>nd</sup> hour
TT3 - 7 <sup>th</sup> Grades	5:16 pm - * 6 pm	Plus \$5 for the 3 <sup>rd</sup> hour
<b>**THE CHARGE FOR ANY STUDENT NOT PICKED UP BY 6 PM IS \$1 PER MINUTE**</b>		

The Extended Care Program is not provided on special schedule days & holidays. Those days extended care is not provided are as follows: Halloween, the Friday of the Pecan Festival, the last day of school before Thanksgiving, Christmas, Mardi Gras & Easter holidays, the day of Open House in January & on the final day of school. There is no extended care on early dismissal days. Parents should consult each month's revised school calendar for days of extended care services. The calendar is on the school website.

**On days when after school care is not provided, the charge for any student not picked up within 15 minutes of dismissal time is \$1 per minute.**

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**EXTENDED CARE PROGRAM REGISTRATION FORM: 2016 - 2017**

Student's Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Please register my child(ren) for the St. Rita Catholic School Extended Care Program.  
I have read & agree to abide by all terms & conditions of the Extended Care Program as a condition of enrollment in the program.

PARENT/GUARDIAN (PLEASE PRINT): \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**St. Rita School Extended Care Program  
2017-2018 Emergency Contact Information**

Student's Name \_\_\_\_\_ HR \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Birthday \_\_\_\_\_  
Month/Day/Year

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

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**In Case of Emergency and Parents Cannot Be Reached**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Sign Out Authorization**

The following persons are authorized to pick up my child from Extended Care:

Name	Phone #	Relationship to Student

**\*\* In the event of a medical emergency, we shall activate 911 or take your child for evaluation and necessary initial treatment at the emergency room should we not be able to contact you first.**

I consent to the above procedure \_\_\_\_\_  
**Parent or Guardian's Signature**

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_