



### Extended Care Information

The goal for the Extended Care program is to provide a secure, loving environment where children feel special, safe, and look forward to participating. Planned activities include homework completion, indoor and outdoor recreation, arts and crafts, cartoon and videos, small group activities, and snacks.

The Christ School provides extended care for students who need before school care, or who remain after normal school hours. Each child who participates in Extended Care must be pre-registered. We do not accept “drop-ins.” Extended Care observes the same holiday schedule as The Christ School and is closed as designated on the school calendar.

Extended Care ends promptly at 5:30 p.m. daily. A late fee of \$10 is charged for each quarter hour, or any portion thereof, for students picked up after 5:30 p.m., and parents are billed monthly. Students who are repeatedly picked up late may be excluded from the program.

All participating children must be signed out at the front desk by the parent or one of the responsible authorized persons listed on the child’s *Extended Care Enrollment Form*. (See Attached) Students may not be released to go on campus to other activities without written parental permission and arrangements made in advance with Extended Care staff.

#### **Hours:**

Before School Care	7:30 a.m.-8:05 a.m.
After School Care	2:45 p.m.-5:30 p.m.

#### **Fees:**

Before School Care – 7:30 - 8:05 a.m.	\$300/year
After School Care – 2:45 - 5:30 p.m.	
2 days/week – pick up by 5:30 p.m.	\$700/year
3 days/week – pick up by 5:30 p.m.	\$1050/year
4 days/week – pick up by 5:30 p.m.	\$1400/year
5 days/week – pick up by 5:30 p.m.	\$1750/year

Fees may be added to your FACTS Agreement or paid in full by August 1<sup>st</sup>.

Late Fees – \$10/quarter hour or any portion thereof – billed monthly

*Please complete and return*

## **Extended Care Enrollment Form**

I wish to enroll my child in the Extended Care program of The Christ School. I have received, read and understand the Extended Care Information sheet and agree to abide by the policies of the school.

- I understand that I am obligated to maintain the schedule of payments for payment made through FACTS Tuition Management.
- I also understand that payments made in full by August 1<sup>st</sup> are non-refundable, except in the event the family moves away from the Central Florida area.
- I further understand that late fees apply to students picked up after 5:30 p.m.

### Enrollment Choices

<input type="checkbox"/> Before School Care – 7:30 - 8:05 a.m.	\$300/year
<input type="checkbox"/> After School Care – 2:45 - 5:30 p.m.	
2 days/week – pick up by 5:30 p.m.	\$700/year
3 days/week – pick up by 5:30 p.m.	\$1050/year
4 days/week – pick up by 5:30 p.m.	\$1400/year
5 days/week – pick up by 5:30 p.m.	\$1750/year

Payment Option: (please check one)

Paying in full by August 1       FACTS Agreement

*Please complete and return*

**Student Enrollment Information**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons authorized to pick up the student:

Mother: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_