



St. Joseph Parish School

225 8 Hawthorne Street 'Sacramento, CA 95815 ' (916) 925-1437 ' Fax. (916) 925-0963

Extended Care Program 2009-2010 SY

The **St. Joseph School Extended Care Program (ECP)** offers before and after school care. The program is operated and supervised by the school staff. Only students enrolled in the school may participate in the program. Activities include homework time, arts and crafts and supervised play. ECP provides children with an after school snack. We do not serve breakfast.

Hours of Operation

The program is open each day school is in session, regardless of the length of the school day. Morning care is open from 7:00-7:45 a.m., and after school care until 6:00 p.m. We do not offer extended care on the day before Thanksgiving, Christmas Eve, last day of school before Easter Break, Easter Break and the last day of school in June. However, **St. Joseph Preschool and Childcare Center** offers childcare when regular school is closed.

Sign In/Out

Parents/Guardians must sign In/Out every time they drop/pick-up their child/ren. **Initials are not acceptable.**

Registration Fee

There is a non-refundable registration fee of \$30.00 per child each school year. Parents/Guardians must complete an ECP Registration form.

Monthly Rates

Morning care only	\$ 89.00 / Child
Afternoon care only	\$195.00/Child
A.M & P.M. care	\$ 247.00 / Child

Monthly Rates for Kindergarten Childcare

A.M. care and from 12:00 p.m. - 6:00 p.m.	\$273.00/Child
A.M. care and from 12:00 p.m. - 3:00 p.m.	\$160.00/Child
A.M. care from 12:00-6:00 p.m. A.M. care from 12:00 - 3:00 p.m.	\$200.00/Child \$150.00/Child

***Families with two or more children enrolled in the program will receive a 25% discount.**



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St. Joseph School Extended Care Program Registration Form

(Please return this form with your registration payment)

Student's Name: _____ Grade: _____ B-day: _____
Other children: _____ Grade: _____ B-day: _____
_____ Grade: _____ B-day: _____

Parent's/Guardian's name: _____
Home Address: _____
Day Time Phone #: _____ Evening Phone #: _____

Days your child/ren will attend the Extended Care Program:

(Check all that apply)

Monday () Tuesday () Wednesday () Thursday () Friday ()

Program your child/ren will be attending:

- Morning only Afternoon only
 Morning & Afternoon Drop-in/Hourly Rate

Known Food Allergies:

Please list the names of persons below who are authorized to pick up your child/ren from St. Joseph Extended Care Program:

Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

_____ I/We read and understand the policies of the Extended Care Program.

_____ I/We understand the ECP rates are subject to change with 30 day notice.

_____ I/We understand that every students attending the ECP must have a parent or authorized person sign him/her in/out each day.

Parent's Signature

Date