

## St. Paul's Extended Care at the Lincoln building

St. Paul's Lutheran School has an Extended Care Program for **1st-8th grades** to assist the school parents in providing a caring Christian environment when children are at the school but not in a classroom setting.

Before School Care is offered at the **Lincoln School Building** from 6:30 AM - 7:45 AM and After School Care is until 5:30PM, when school is in session. The hourly fee is \$6.50/child, and will be rounded to the nearest half hour. This program is offered to children in grades 1-8.

In order to participate in St. Paul's Extended Care program, a **\$60/family non-refundable annual registration fee** along with childcare paperwork including a weekly schedule. You can pay with cash or check, or PayPal:

[paypal.me/StPaulsExtendedCare](https://paypal.me/StPaulsExtendedCare). If your schedule changes, an updated weekly schedule must be turned in to Julie Gutknecht, [julie@splcwa.org](mailto:julie@splcwa.org) by Monday at 6PM for the following week.

St. Paul's Extended Care will charge a fee based on your child's hours of attendance. Parents should review attendance sheets each day and sign them verifying hours of attendance. Failure to sign children in will result in the center making the determination of the hours of attendance time of drop off. Failure to sign the child out will result in being charged until 5:30PM.

There will be a 5% reduction for the oldest child from one family.

There will be an extra fee assessed for late pick up of a child. The charge for pick up after 5:30PM will be **\$5.00 per minute**.

You will be charged an additional fee of \$35 NSF FEE CHARGED if your check does not clear the bank.

You will also be charged a late fee of \$25 for any balance more than 14 days past the due date. If you have a balance that is 30 days after the due date your child may be suspended from care until payment is received or a payment plan is made.

Please let me know how you wish to receive your bill. I can send a paper copy home with your child, or email it to you. email \_\_\_\_\_

By signing, I have read and agree to these terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## St. Paul's Extended School Care In-take Form

### Health History and Emergency Care

#### **Child Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Mom phone: \_\_\_\_\_ Dad phone: \_\_\_\_\_

Emergency contact (name and number):  
\_\_\_\_\_

#### **Physician/Medical Facility Information**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

#### **Health History and Emergency Care Plan**

If available, attach any health care plan information from your child's physician, therapist, etc.

- No specific medical condition
- Epilepsy/seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Diabetes
- Asthma
- Milk Allergy-If so, please attach a statement from child's physician indicating the
  - acceptable alternative
- Food allergies-Please
  - Specify \_\_\_\_\_
- Non-food Allergies-Please
  - Specify \_\_\_\_\_
- LD, ADD, ADHD, Autism, or other Cognitive Disability
- Other Condition(s)-Please
  - Specify \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$60 registration fee due with registration**

Extended Care Weekly Schedule

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Week of \_\_\_\_\_

Stays the same

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	-7:45	-7:45	-7:45	-7:45	-7:45
PM	3:00-	3:00-	3:00-	3:00-	3:00-

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