



**SAINT PETER'S SCHOOL
EXTENDED CARE PROGRAM
2009 - 2010**

STARTING DATE: Monday, September 14, 2009

ANNUAL REGISTRATION FEES:

\$30.00 Registration Fee per Child for Extended Care.

\$50.00 Registration Fee for (2 or more children) for Extended Care.

RATES FOR REGISTERED CHILDREN:

BEFORE CARE: **HOURS:** 7:00 AM – 8:00 AM

FEE: **\$2.00** (Any part of an hour/drop-in fee)

- All Before Care children must be escorted into the building by an adult and signed into the program.
- Supervised mixed age group, breakfast may be eaten until 8:00 AM

AFTER CARE: **HOURS:** 3:00 PM – 6:00 PM

FEE: **\$3.50** Per Hour Or Part Of – Per Child

HALF DAY: **HOURS:** 12:30 PM – 6:00 PM

FEE: **\$20.00** Per Child

- You must sign your child out every day.

RATES FOR NON-REGISTERED CHILDREN:

FEE: **\$5.00** Per Hour Or Part Of – Per Child

HALF DAY: **HOURS:** 12:30 PM – 6:00 PM;

FEE: **\$24.00** Per Child

**NON-PAYMENT OF FEES MAY RESULT IN SUSPENSION
FROM AFTERCARE. LATE PICK UP FEES: \$1.00 PER MINUTE**

**PARENTS ARE REQUIRED TO PICK UP THEIR CHILDREN BY THE
6:00 P.M. CLOSING. FEES WILL BE CHARGED FOR LATE PICK UP.
LATE FEES MUST BE PAID THE SAME DAY.**

**Thank you for your patience and understanding.
Our goal is to keep your child safe during all Extended Care Time.**

SAINT PETER'S SCHOOL
152 WILLIAM STREET
BELLEVILLE, NEW JERSEY 07109

EXTENDED CARE PHONE – 973-759-2151

EXTENDED CARE REGISTRATION FORM

I am interested in enrolling my child/ren in the Extended Care Program.

Child's Name _____ Grade ____ Age ____ Before ____ After ____

Child's Name _____ Grade ____ Age ____ Before ____ After ____

Child's Name _____ Grade ____ Age ____ Before ____ After ____

Check days of attendance

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Number of hours: _____ Pick up time: _____

After school homework: _____ Yes _____ No

Medication taken by child: _____

Allergies: _____

Parents/Guardians phone numbers _____ Home

Mother's work

Father's work

Cell phone or beeper

Person(s) other than parent/guardian authorized to pick up your child. Photo I.D. required.

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent signature: _____ Date: _____

Please enclose check for \$30.00 (1) child registration fee payable to: **St. Peter's Extended Care Program.**
Please enclose check for \$50.00 (2 or more) children registration fee payable to **St. Peter's Extended Care Program.**
Please enclose check in the amount of \$100.00 per family for security made payable to: **Saint Peter's School.**

SPECIAL MEDICAL PROVISIONS AND PROCEDURE

In cases that appear to be minor in nature, first aid will be administered on the school premises. In cases that appear to be serious the program director will make every effort to carry out the emergency instructions provided on the registration form. If the parent does not provide adequate emergency instructions or if the instructions given cannot be followed at the time of the emergency, the program staff will act according to their best judgment for the welfare of the child.

Parent signature: _____ Date: _____

MEDICATION WILL NOT BE ADMINISTERED.

**SAINT PETER'S SCHOOL
EXTENDED CARE REGISTRATION FORM**

Child's Name: _____ Age: _____ Date of Birth: _____
Child's Name: _____ Age: _____ Date of Birth: _____
Child's Name: _____ Age: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____
Home Phone #: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Cell Phone #: _____ Work Phone #: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Cell Phone #: _____ Work Phone #: _____

E-Mail Address: _____

Emergency Contact (if parent(s) or guardian(s) listed above cannot be reached)

Name: _____ Phone #: _____ Relationship to Child: _____
Name: _____ Phone #: _____ Relationship to Child: _____

ST. PETER'S SCHOOL EXTENDED CARE WAIVER 2009-2010

I hereby authorize the staff of St. Peter's School Extended Care Program to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted. In consideration of acceptance of my child, I hereby for myself, my child, their heirs, executors and administration hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, their officials, officers, employees, or representatives or their successors and assigns for any and all injuries that may be suffered. I certify that I am the proud parent of: _____ and I am over the age of 18. I also agree that any photos taken of my child while participating in this activity can be used for marketing promotional purposes. I attest that my child is in sound condition to participate in all activities.

I understand the St. Peter's School Extended Care Waiver policies.

Parent/Guardian Signature: _____ Date: _____