



2025-2026 Extended Day Program

Before School Care

- Open to ALL students
- Time: 7:00-7:20am
- Full-Time Option ONLY - \$50 per student per month
- Registration Fee is required \$25 per student
- Extended Day Form must be completed for each student requiring Before School Care

After School Care

- K-3 – 6th Grade
- Time: 3:15-5:30pm
- 2 Options:
 - Full-Time Care \$115.00 per month
 - Drop-In Care \$10 per day

Students must be registered for the Extended Day program to utilize Extended Day. Participating in the Extended Day program is a privilege. Students who do not conform to rules or are referred to the office may be suspended or expelled from the program at the discretion of the school administration.

Policies and Procedures

1. Completed registration form.
2. To utilize Before or After School Care, the \$25 Extended Day Program a yearly registration fee is due, per student.
3. Payments must be made monthly for Full-Time Students, and daily on the day the Drop-In Student stays. Please put payment in an envelope marked with student's name and "Extended Day". Students who fall behind in payment will be dropped from the program.
4. There will be a late charge for pickup after 5:30pm of \$5 for each minute late.
5. The return of any check, for reason of insufficient funds may terminate the privilege of paying by check.
6. Parents must sign out students from the Extended Day Program in the afternoon.



2025-2026 Extended Day Program Registration Form

*Complete one form for each student.

Student's Name _____

Choose Payment Type: Before School Care (\$50.00 paid per month)

After School Full-Time Care (\$115.00 paid per month)

After School ONLY Drop-In (\$10.00 paid per day)

Date of Birth _____ Age _____ Grade _____ Teacher _____

Address _____ Phone # _____

Mother's Name _____

Father's Name _____

Mother's Place of Work _____ Work Phone # _____

Father's Place of Work _____ Work Phone # _____

MEDICAL INFORMATION: (Allergies, nosebleeds, bites, etc.) Yes No

Explain: (continue on back if necessary) _____

Name and phone numbers of EMERGENCY Persons to Call:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Is child covered by insurance? Yes No

Doctor's Name: _____ Phone # _____

Permission to seek medical treatment if unable to reach parents? Yes No

Persons, other than parents, with permission to pick up child:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Signature of Parent _____ Date _____