Welcome to the Notre Dame of Bethlehem Extended Care Program. We look forward to working with you and your child/ren, and in order to make it a successful year, I have compiled a list of guidelines to assist with your adjustment to our program.

1. At the beginning of each school year, we kindly ask that each family bring in one package of “Dixie” cups and one container of antibacterial wipes.

2. HOURS: Extended Care is provided every day that Notre Dame of Bethlehem School is in session. Therefore, we are open Monday through Friday, 7:00 A.M - 8:30 A.M. and 2:30-5:45 P.M. If you are unable to pick your child/ren up by the 5:45 P.M. deadline, please make arrangements for someone else who is on the release form to pick up the child/ren, while also making sure to inform us of the altered arrangements. It is very stressful for children to have to wait and wonder (they do worry!) what happened to their parents who are late when picking up. Please be advised that a $1.00 per minute, per student late fee will be incurred for pick-ups later than 5:45 P.M. Half days/ Noon dismissal- Extended care will be open till 3:00pm for your convenience. Please notify us if you need our service.

NOTE: Half day prior to Christmas and Easter break Extended Care will be open from 12-2pm for your convenience. Extended Care is not in session during school holidays, vacations or the last day of the school year.

3. FEE SCHEDULE: The charge rate for the first child per family will be $6.50 per hour. Each additional child in the same family will be billed at the discounted rate of $5.50 per hour per child. The minimum time charged per child per day will be a half hour. You will be billed the following week for services rendered. Families who use the Extended Care Program on a regular basis are required to sign our Letter of Agreement, stating that they have received and read the billing information we have provided them for the current school year.

4. EARLY DISMISSAL DUE TO INCLEMENT WEATHER: If Notre Dame of Bethlehem School closes early due to inclement weather, Extended Care will close as well. From the time the school officially closes, Extended Care will only remain open for 90 minutes, to allow you time to come and pick up your child/ren. If Notre Dame of Bethlehem School is on a 2 hour delay then extended care will also be on a 2 hour delay and will open at 9:00am, to allow time for the parking lot to be cleared. We do not provide lunches or snacks. Please bear in mind that safety on our grounds, in our parking lots, and on the roads not only for our students and their families, but for our staff and their family members as well, is of our utmost concern.
5. CAR/BUS RIDERS: IMPORTANT!! Kindly advise us in advance if your child is going home on the bus. If you fail to inform us that your child is to go home either on the bus or as a car rider instead of coming to Extended Care, we will pull him/her out of the line and take him/her to the Extended Care room. We positively must receive notification of any changes in your child’s schedule, either in written form or via telephone call. **Do not assume that any notification to the school via telephone call or written correspondence will reach Extended Care on the same day.** You must notify Extended Care separately. If a child does not come to us at dismissal (without any notice from the parent), a staff member must search for that child. This causes great worry and stress regarding the whereabouts of your child/ren. It also causes a great inconvenience for the rest of the children in our care. They are held back from doing homework, going outside, etc. until the staff member returns. Please be considerate of the staff and students and notify us of any changes in advance.

6. TAX RECEIPTS: **Should you require a receipt for tax purposes, please request one at least two weeks prior to the date you need it.** Should you require a year-end receipt, please request one in the beginning of December. A reminder will go out with the billing closer toward the end of the year with this information.

7. ACTIVITIES AFTER SCHOOL: Please inform us if your child will be attending any activities after school, such as band, choir, etc.

8. SNACKS: You may wish to pack a snack and drink for your child for after school. We find most of our students look forward to a treat from home at that time. **No candy or gum!**

9. CELL PHONES / ELECTRONIC DEVICES: Students are not permitted to use cell phones/electronic devices in school. In the event that a situation requires a student to have cell phone/electronic devices, it must remain in the book bag and be turned off. Notre Dame is not responsible for lost cell phones/electronic devices. If a cell phone is taken away from a student it will be sent to the office and a parent will be called to pick it up.

10. PRESCHOOLERS: Preschoolers must be potty-trained. Likewise, for toileting purposes, clothes should be able to be easily handled by the preschooler himself/herself.

11. PARISH CENTER GYM: Sneakers are only allowed in the gym. Please provide in their backpack.

Should you have any questions or concerns regarding the aforementioned, please do not hesitate to contact the Extended Care Office.
Extended Care Agreement Form

Please sign below and return acknowledging receipt of the Extended Care guidelines:

Student Name: ________________________________________

Parent Name (print : ____________________________________

Parent Signature:______________________________________

Date: _______________________________

NOTE: Billing cycle is Monday – Friday. Bill will be sent home on Tuesday the following week. Two consecutive non-payment weeks, your student will not be able to attend Extended Care until account is brought current. Initial Required: __________
Extended Care Reservation Form

Child’s Name: ___________________________________________________________

Child’s Date of Birth: ______________________  Age: ________  Grade/Section: ____________

Address: ______________________________________________________________________

Parent/Guardian Name: ___________________________________________________________

Home Phone: _____________________________ Work Phone: ___________________________

Cell Phone: _______________________________

Please enroll my child in the Extended Care Program for the following days and times:
(Please list the approximate times next to the appropriate day.)

Monday   ______________________
Tuesday   ______________________
Wednesday ______________________
Thursday  ______________________
Friday    ______________________
Noon Dismissal Days  ______________________

Please understand that this is only a tentative reservation for the upcoming school year.

The above request will be confirmed by a staff person prior to the start of the new school year.

_________________________________________
Name (Please PRINT)

_________________________________________
Signature

_________________________________________
Date
Extended Care Emergency Form

Child’s Name: ___________________________________________  Birthday: ________________

Address: ___________________________________________________________________________
___________________________________________________________________________________

Phone (Home): ______________________________  Phone (Cell): _______________________________

Best phone number to use between 2:45-5:45: ____________________________________________

Grade/Section: ____________________________

Father/Guardian Name: ____________________________  Phone (Work): ________________

Mother/Guardian Name: ____________________________  Phone (Work): ________________

Emergency Contact: ____________________________  Phone (Home): ________________

Phone (Work): ____________________________

Relationship: ____________________________

Please list any allergies: ________________________________________________________________

Please list any medical conditions: ______________________________________________________

Does your child take any medications on a regular basis? (Please list and explain its usage.)

____________________________________________________________________________________

Please list any individuals who are allowed to pick up your child:

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

__________________________________________ ____________________________________________

Parent/Guardian Signature

__________________________________________

Date