

Dear Parents:

St. Columba Extended Care is available from 6:30 am to 7:45 am and from 2:50 pm until 6:00 pm. Minimum Days 12:00 pm until 6:00 pm. Monday through Friday. We offer care for all students who attend St. Columba School grades K – 8.

Students arriving at school before 7:45 must be signed in by a parent/guardian into day care in the Music Room. Again, when picking up in the afternoon all students must be signed out by a parent or guardian; this is mandatory. In the afternoon, Extended Care consists of snack, homework time, and indoor and outdoor adult directed and supervised activities.

Rules for behavior at Extended Care are the same as during the school day, with the same consequences. Parents/guardians of students who misbehave will be notified, and some students may be issued detentions or be asked to perform some service. In extreme cases, a parent will be notified and asked to pick up their child immediately. If a student consistently misbehaves at Extended Care, they will not be able to use the Extended Care services.

The appropriate emergency information forms must be filled out and provided to the Director, or turned into the school office before your child may attend extended care. **Only the parent/guardian, or a person designated on the registration/emergency form may sign out a child. (Identification may be requested).** The emergency information is for both our regular and drop-in children.

Extended Care rates effective September 3rd 2013 will be \$3.00 per hour per child and are billed monthly. If payment is not received by the 15th of the following month, day care services cannot be used until payments are up to date. Please contact the school office if you have any questions or need further information.

Sincerely,
Mrs. Geraldine Nau
Principal

**ST. COLUMBA SCHOOL EXTENDED CARE
AUTHORIZATION EMERGENCY INFORMATION**

(If your child will be attending extended care, please complete this form and return)

Child's Last Name	First	Birth Date	Grade
Child's Last Name	First	Birth Date	Grade
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Child's Last Name	First	Birth Date	Grade

Home Address _____ Home Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Information:

List below the names of person(s) you, (the parents or guardian) authorize to sign your child out from St. Columba Adventure Club. In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. Identification may be requested.

1) _____ (2) _____
 Name Phone Name Phone
 3) _____ (4) _____
 Name Phone Name Phone

Who may not pick-up your child (if you are not available)? _____

Consent: I understand that the school does not assume responsibility for payment of a physician, however in an emergency I wish my child to be taken to the emergency hospital. I wish the following Doctor to be notified.

Name	Phone	Medical Grp. & Address	Medical Record #

Does your child have any unusual health conditions? Yes ___ No ___
 If yes, please explain below:

Precautions:

PARENTS' BUSINESS ADDRESS & TELEPHONE
 The following telephone numbers may be used in case of an emergency

Mother's Name	Employer & Business Address	Business Phone
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Father's Name	Employer & Business Address	Business Phone
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Mother's Cell Phone _____ Father's Cell Phone _____

MEDICATIONS: All needed medications will be kept in the Extended Care Facility. (A medical authorization form signed by both the doctor and parent for medications to be administered/held at school is required.) A medical authorization form may be requested from the school office.

I have read the extended care information sheet and agree to the payment schedule, policies and terms as stated.

Parent/Guardian Signature: _____ Date _____