

# Saint Bede Extended Day Program 2021-2022 Agreement

EDP Registration Fee of \$30.00. Please attach your \$30.00 payment to this form.ck# \_\_\_\_\_

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Please indicate billing option:  Monthly billing  Facts billing

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**Unlimited Usage:** This includes both morning and/or afternoon EDP for a flat yearly rate.

EDP K-8: \$3,300. Per year, per student.  EDP Preschool \$2,300. Per year, per student.

**Daily Usage:** This option includes either morning and or afternoon EDP for a flat daily rate. There will be a 10% biannual rebate credit for 2 or more children enrolled in the program.

AM (6:00-8:00) \$11.00 per day  PM (2:30-4:30) \$15.00 (4:30-6:00) add \$6.00 per day

Early Dismissal Days (11:30-4:30) \$21.00 per day (11:30-6:00) \$26.00 per day.

**Occasional Usage:** This option allows for EDP attendance on an "As Needed" basis.

**Weekly Calendar:** Days and or pickup times will vary. Daily rates will apply per usage. Calendar schedules must be received by EDP at least 5 days prior to attendance or hourly rates will apply. There will be no credits issued for absences or changes in pick-up arrangements.

**Periodic Drop-in/emergency use :** \$11.00 per hour

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Please circle days and times of expected attendance:

Monday am / pm Tuesday am / pm Wednesday am / pm Thursday am / pm Friday am / pm

- **Late Pick Ups-After School: \$11 per hour:** Any child who is NOT picked up by 2:50 on a regular school day, or 11:50 on a half day, will be sent to the Extended Day Program. Parents will be charged \$11 for any minutes up to the first hour and \$11 per hour after the first hour. A \$30 registration fee will also be charged for those not enrolled in the program.
- **Late Pick Ups-Extended Day:** (After 6:00 p.m.) An additional \$11 per 15 minute interval. Parents will be charged an additional fee for late pick-ups after 6:00 p.m.
- **Rebates :** A 10% rebate will be issued if you have 2 or more children (K-8), that regularly attend the program. Rebates will be issued two times a year. Rebates do not apply to periodic drop-ins, calendars, emergency care, or late fees.
- **Credits:** There will be no credits issued for absences due to illness or family vacations. You will not be charged for days that school is not in session. There will be 2 grace days given for unforeseen non-attendance (i.e. death, etc.)
- **Agreement/Payments:** Amended agreements must be received by the 1<sup>st</sup> of the month. All payments will be due on the 15<sup>th</sup> of every month. You will have a 10 day grace period to pay your bill before you are charged a \$25 late fee.

I have read this agreement and agree to pay EDP the fees for the services I have chosen.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*Please fill out and complete important Emergency Information for your child on the back of this form. →*

# St. Bede Extended Day Emergency Information

Student Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

MEDICATION CONSENT: I hereby authorize the EDP staff to *copy* the *Medical Authorization Form* as obtained by St. Bede School for the sole purpose of ensuring the safety and well being of my child(ren). The EDP staff will administer any medication, per doctor's instruction, on the *Medical Authorization Form*. Student(s) medical conditions and any medications needed for the student while at the Extended Day Program listed below.

I understand that the staff cannot be held responsible for allergic reactions or other complications resulting from the administration of the above medication given according to the directions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Information (Please print)

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Phone/Hm \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Phone/Hm \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Authorized Pick-up Information Name of person(s) who may pick-up Child(ren) \*Note: We will assume both the mother and father can pick up unless otherwise specified.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I/We hereby give permission for our child(ren) to be released to the above persons. I understand that NO CHILD WILL BE RELEASED TO ANYONE UNLESS EDP RECEIVES WRITTEN PERMISSION TO DO SO. I also understand that under special circumstances (i.e. emergency), a child may be released to those authorized to pick-up, with verbal permission from the parent/guardian, but will be left up to the discretion of the EDP Director. EDP must be notified of any pickup changes or additions.

Signature \_\_\_\_\_  
Date \_\_\_\_\_