



St. Mary School Cougars Corner

**Extended Day Care Program
30 Lyndon Avenue, Los Gatos, CA 95030**

2016-2017 Rates

This form must be completed and returned to the school office before your child may participate in the Extended Day Care Program.

Plan 1

Designed for families who regularly use after-school care.

Requirement: Monthly hours average 1.5 hours or more per school day

Registration Fee: \$75.00 per family

Fee: \$6.50 per hour per child

Plan 2

Designed for drop-ins.

No registration fee

Fee: \$8.00 per hour per child

Late Pickups

Parents are asked to pick up children no later than 6:00 P.M. There is a \$5.00 late fee charged for each 5 minutes after 6:00 P.M.

As with all St. Mary's programs, if there is a financial burden we encourage parents to discuss available financial aid with the Principal.

Cougars Corner services will be free of charge during the hours that a parent is volunteering their time at the school (after school hours). In order to receive "No Charge" you must let the Cougars Corner staff know what type of volunteer work you are doing and specifically request that it be free of charge. The Cougars Corner staff will indicate "No Charge" on your child(ren)'s sign out sheet. This benefit will now be available to both registered and unregistered families.

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St. Mary's Cougars Corner

Family Name: _____

Circle One: **Plan 1** (attach check for \$75) **Plan 2**

Child's Name _____ Grade: _____ DOB: _____
Child's Name _____ Grade: _____ DOB: _____
Child's Name _____ Grade: _____ DOB: _____
Child's Name _____ Grade: _____ DOB: _____
Home Address _____

Father's Name _____ Home # _____ Cell # _____
Business Address _____ Work # _____ Cell # _____
Mother's Name _____ Home # _____ Cell # _____
Business Address _____ Work # _____ Cell # _____

List below anyone permitted to pick up your child besides parent. If more room is needed, please attach a list. Anyone not listed will NOT be permitted to pick up your child. **PHONE AUTHORIZATION WILL NOT BE ALLOWED.**

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Health Record: List any special health conditions of your child such as allergies, fainting spells, nose bleeds, etc., of which we should be aware:

If your child requires an EpiPen, please provide one to Cougars, in addition to the school office. A completed/signed Diocese of San Jose *Administration of Medicines* form **must** be on file in school office **and** Cougars Corner.

Doctor _____ Phone _____
Dentist _____ Phone _____

Signature of Parent _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Authorization is hereby given to St. Mary School Cougars Corner authorized personnel to render emergency medical treatment for any serious injury or illness to my child or children in the event I cannot be reached at the time of an accident or illness. I also authorize emergency transportation of my child to a hospital if deemed necessary (911 service).

Please transport my child to the following hospital (name/address) if necessary:

Known allergies to medication: _____
Existing medical coverage _____ Policy # _____
Signature of parent or guardian _____ Date _____