FALCON'S NEST
EXTENDED CARE CONTRACT 2019-2020

Family Name: ________________________ **Home Phone:** _______________________

Address: _____________________________ **Zip Code:** __________________________

Email address for billing and communication: _________________________________

Children Enrolling (**Name & Grade**)

_____________________ ________________________ ______________________

$50.00 Annual Registration fee 1st Child **$25 each additional child**
$25 Snack Fee per Child is to be submitted with this contract to reserve a place for your child.

Morning Care 7AM to 8 AM	Monthly Fee	Days
5 Day per Week	**$60.00**	**M through F**

Afternoon Care 3 PM to 6 PM	Monthly Fee	Days
5 Days per Week	**$165.00**	**M through F**
4 Days per Week	**$150.00**	**M T W Th F** (circle which days)

Fees for August are all based on hourly fees.

The monthly fees are based on the operating costs of the Falcon's Nest Program. There will be nine equal monthly payments. No credit is given for absences or scheduled school holidays with the exception of Christmas vacation. (December and June are pro-rated with June payment being paid in December.)

PAYMENT DUE: A $25 late fee will be charged after the 10th of each month.

LATE PICK-UP: Parents will be charged $1.00 per minute per child for each minute your child remains in the program after 6 pm, *PAYABLE @ TIME OF PICK-UP.*

My total monthly fee will be $____________ and is to be submitted to the **SCHOOL OFFICE no later than the 10th of each month** beginning Sept.10th.

Changes to this contract will be honored if submitted to the Extended Care Director in writing two weeks prior to the first of the month.

I understand the terms of this agreement and accept responsibility for the stated monthly fee.

Signature: ____ **(mother, father, guardian)**

Date: ____________________________

Falcon's Nest (Hourly Fees) 2019-20

Family Name: ____________________ Home Phone: ________________________

Address:__________________________ Zip Code: ____________________________

Email address for Billing and Communications: ________________________________

Children Enrolling **(Name & Grade)**

__________________________ ____________________ __________________________

REGISTRATION: $50 1st Child $25 each additional Child
Snack Fee $25 per Child is to be submitted with this contract to reserve a place for your child.

For families wishing to pay hourly fees instead of a flat monthly fee, the following hourly rates apply: *PER CHILD*
REGISTERED HOURLY:

For REGULAR FREQUENT **use (more than 20 hrs. Monthly)**
$5.00 per hour for the first hour or any portion thereof. After the first hour, charges will be billed on the ½-hour or any portion thereof.

For SELDOM / OCCASIONAL **use (less than 20 hrs. Monthly)**
$7.00 per hour for the first hour or any portion thereof. After the first hour, charges will be billed on the ½-hour or any portion thereof.

NON- REGISTERED: **FEE IS PAYABLE WHEN CHILD IS PICKED-UP.**
$10.00 per hour or any portion thereof.

LATE PICK-UP:
Falcon's Nest closes at 6 p.m. Parents will be charged **$1.00 per minute** for each minute their child/ren remain in the program after that time. **This fee is payable at time of pick-up**. If parents are repeatedly late in picking up their child/ren they may be asked to remove children from the program.

BILLING: Parents will be billed by the third school day following the end of the month. Payment is due by the 10th of each month. **A $25.00 late fee will be charged after that date.**
EXTENDED CARE FEES FOR THE MAY AND JUNE MUST BE PREPAID.

I have read and agree to the above ____________________________Date______________

FALCON'S NEST Registration Form Fee Paid:_______

Please complete this form and return it to the Extended Care Director or the Office along with the $50 Registration fee and $25 SNACK FEE, and all other paperwork.

This form is vital to helping us provide fast, accurate and caring attention to your child in the event of an emergency. Please fill it out completely and in clear easy to read handwriting. Please notify us immediately if anything changes throughout the year.

Parent(s) or Guardian(s) Info: Please Print

1. ____ 2. ____

Mothers Home Address: ____

Fathers Home Address: _______- ____

Mothers	Fathers
Email:	Email:
Cell:	Cell:
Work:	Work:
Home:	Home:

Children's Info:

Name	Grade	B-Day	Allergies	Other
1.				
2.				
3.				

I authorize the persons listed below (over 18 years of age), other than parent or sibling, to pick up my child(ren) from Extended Care: Please list relationship (Aunt, CYO Coach, Family Friend, etc.)

Name (Please print clearly)	**Phone**	**Relationship**
1.		
2.		
3.		
4.		
5.		

IS THERE ANYONE WHO *MAY NOT* PICK UP YOUR CHILD(REN) YES / NO

Name (Please print clearly)	**Phone**	**Relationship**
1.		
2.		

Persons to be called 1st in an Emergency:

Name (Please print clearly)	**Phone**	**Relationship**
1.		
2.		

I have read and fully understand the rules and regulations of the Falcon's Nest Extended Care Program at St. Felicitas Catholic School.

Mother's Signature: ____ Date: ____________

Father's Signature: ____ Date: ____________

Diocese of Oakland
Parent Permission Form

To the Principal of St. Felicitas School:

I hereby request that my child ____ participate with Falcon's Nest Extended Care in walking field trips (to be announced in the blue parent letter).

Time and Date: Minimum School Days (weather permitting) – Leaving from school to walk to a local park to have lunch and play games. Returning to school at approximately 3:30 pm.

Please pack a lunch and snack for your child on these days.

Consent for Treatment

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip.

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

The Diocese of Oakland has been informed by the California Highway Patrol that it is not required to provide safety seats and booster seats for bus field trips.

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of St. Felicitas Catholic School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the California Medical Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to the part of the mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

____ (Signature of Parent or Guardian)

______________________ (Date)

____ (Address)

______________________ (Phone)