

OUR MOTHER OF GOOD COUNSEL SCHOOL

A Community of Faith and Excellence

EXTENDED CARE PROGRAM AGREEMENT

****This form MUST be signed and returned before using this program****

I understand that OMGC School Extended care is available only on days when school is in session. The hours are from 7:00 A.M.-7:30 AM, and from dismissal until 6:00 PM. This optional program is designed to provide supervision before and/or after school hours.

Morning Care yearly cost (September 6- June 3)

\$1,000 a year

Afterschool Care yearly cost (September 6- June 3)

\$2,500.00 for one child

\$3,750.00 for two children

\$4,500.00 for a family

Extended Care optional add-on (first full week of school August 23- September 3) *2% discount does not apply to this week.

\$100.00 for one child

\$162.50 for two children

\$200.00 for a family

Please Note the Following:

- Payment must through your SMART account or Zelle. Regular enrollment charged monthly. Drop-ins charged weekly.
- **A fee of \$10.00 per day will be charged for Drop-in morning care (Monday- Friday 7:00 A.M.-7:30 A.M)**
- **A fee of \$25.00 per day will be charged for Drop-in After School Care (Monday-Thursday 3:15-6:00)**
- **A fee of \$50.00 per day will be charged for Drop-in After School Care (Friday 12:30-6:00)**
- **A late fee of \$25.00 for every 5 minutes will be charged per family each time the parent/guardian or their representatives fail to pick up a child by 6:00 p.m.**
- Frequent tardiness in picking up a student will be grounds for terminating the family's participation in the program. If continued lateness in payment occurs, the children will not be eligible to continue in this Extended Care school program.
- A registration fee of \$25.00 per child will be charged for each child per year in the program at the start of enrollment.
- Fridays are long days for our students in Extended Care and they need this extra nourishment, and this also provided consistency and community when all students eat together. Thank you for your support in this effort.
- Failure of a student to comply with school rules and policies during Extended Care shall subject the student to denial of further participation in the program.
- **Personally, sign my student out each day. I understand that only those adults listed may pick up and sign out my child unless I send a written note indicating otherwise.**
- **I acknowledge that if I fail to document the time I check my child out, I will be billed for morning drop-off or a 6pm check-out time on that day.**

The undersigned parent/guardian agrees to indemnify and hold harmless the Archdiocese, the School and all their agents, employees, or consultants (paid and volunteer) from any loss or liability relating to the child/ children covered in this agreement.

The school will charge the \$25 Extended Care Registration fee to the family SMART account *upon receipt of registration form*. (This charge will apply to the next available SMART payment date assigned to the account.)

Extended Care yearly cost payment preference through SMART Tuition Management:

- Drop-in ONLY. Charge only \$25 registration fee at this time.
- 10 Monthly payments (September-June)
- 2 Semi-Annual payments (September/February)
- Full Payment Annual Extended Care payment (September with 2% discount) *

Parent/Guardian Name _____

Signature _____

Date _____

Registration for Extended Care

Morning

Afternoon

Both

Drop-in

FAMILY INFORMATION

Last Name	Parent/Guardian 1	Parent/Guardian 2	
Home Address	City	Home Phone	
Parent/Guardian 1 Work Address	Employer & Hours	Work Phone	Cell Phone
Parent/Guardian 2 Work Address	Employer & Hours	Work Phone	Cell Phone

STUDENT INFORMATION

1.	Name	Birth date	Grade	Precautions (Allergies, etc.)
2.	Name	Birth date	Grade	Precautions (Allergies, etc.)
3.	Name	Birth date	Grade	Precautions (Allergies, etc.)

Name, telephone number(s), and relationship of person(s) authorized to pick up student(s) or be called in an emergency (other than parents/guardians listed above).

	Name	Relationship to Student	Home, Work, and Cell Phone
1.			
2.			
3.			

Consent

I/We agree to all the above terms and understand that the school does not resume responsibility for payment of physician and/or hospital in the case of an emergency, however, in an emergency the school may choose a physician.

Parent/Guardian Signature	Date
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