

**EXTENDED DAY PROGRAM - GRADES PK3 through 8**  
**REGISTRATION and EMERGENCY FORM**  
**Enrollment Limited**

**All Families that will be utilizing Extended Day must have these forms on file prior to their child being admitted to the program. (Annual and/or Drop-in)**

**COST PER CHILD TO BE ADDED TO AND PAID THROUGH TADS**

1. Cost per child - PK3, PK4 and Kindergarten - (3 to 5 afternoons a week) \$3,500.00 for the school year, payments based on your payment plan through TADS
2. Cost per child - Grades 1 - 8 - (3 to 5 afternoons a week) ----- \$3,250.00 for the year, payments based on your payment plan through TADS
3. Drop-in Cost per child ----- \$30.00/per hour

<u>STUDENT NAME</u>	<u>GRADE</u>	<u>DATE OF BIRTH</u>	<u>Full-Time</u>	<u>Drop-in</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LATE FEE PAYMENT**

THE FOLLOWING LATE FEES APPLY TO ALL PARTICIPANTS IN THE EXTENDED DAY PROGRAM:

**LATE PICK UP FEE**

Extended Day hours are from school dismissal until 6:00pm. Parents, whose children are picked up after 6:00pm according to the school clock, must be prepared to pay **\$1 per minute per child** to the staff on duty. If payment is not made upon arrival, parents are required to sign a Late Pick-Up acknowledgement form and must pay the full amount the following school day. Persistent lateness will result in dismissal from the program.

**LATE PAYMENT FINE**

1. Payments are to be made on the 10<sup>th</sup> of each month. If payment is not received by the 15<sup>th</sup>, a late charge of \$25 will be assessed weekly thereafter until payment is received.
3. If Drop-in payment is not made by the following morning, a late fee of \$25 will be assessed for each drop-in billed until payments are current.

**ENROLLMENT CANCELLATION**

If you have to cancel enrollment in the Extended Day Program your financial obligation will be pro-rated for the time enrolled. Prior written notification to the Principal is required for all early withdrawals. Any withdrawal without notification will be subject to the full payment for that period. There is no reimbursement for days **not** attended due to family circumstances.

**PARENT SUPPORT**

I understand that in signing this contract I agree to abide by the policies and procedures of Our Lady of Victory's Extended Day Program and to support its Staff and Director. **I understand that the school has the right to refuse admittance to the Extended Day Program and/or withhold report cards and transcripts for any student whose financial account is delinquent. I accept that Our Lady of Victory's extended day is part of the school and that the code of conduct outlined in the parent/student handbook applies in extended day. I accept that the consequence of my child not being able to remain in/or attend extended day may result if my child acts outside of the code of conduct. I will collect my child immediately if requested. I accept that students who receive more than two disciplinary actions in a quarter will be ineligible for the honor roll and unable to participate in other activities (including extended day) for the remainder of the quarter. In accordance with Archdiocesan regulations, I accept that the principal will determine the outcome of all disciplinary referrals. I accept that extended day follows Montgomery County Public Schools Police for emergency/weather-related delays/closures.**

**ENDORSEMENTS**

I have read, understand and accept this Financial Contract and I agree to be responsible to these commitments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City & Zip Code

\_\_\_\_\_  
Date

**EXTENDED DAY EMERGENCY CONTACT FORM**

All Extended Day Parents **MUST COMPLETE** and **RETURN** this form by the **FIRST DAY OF SCHOOL** in order to attend Extended Day. No child may begin the EDP with incomplete or missing emergency information form!

**PLEASE FILL OUT COMPLETELY!!!**

Child's Name(s): \_\_\_\_\_

Date of Birth(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Child/Children's Primary Physician: \_\_\_\_\_

Business #: \_\_\_\_\_

Specific Concerns (i.e. allergies, etc.): \_\_\_\_\_

**EMERGENCY CONCERNS:** *In the event I cannot be reached for an emergency and/or early closing, the following people should be contacted:*

1. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian