

**Cole Valley Christian Schools  
Extended Care Enrichment Program  
Registration – 2019-2020**

**Current Immunization Records must be on file with CVCS or given to the Extended Care Director**

**Student #1:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Goes By: \_\_\_\_\_  M  F  
Age \_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_ Lives with:  Mother  Father  Both  Other: \_\_\_\_\_  
**Allergies or health concerns:** \_\_\_\_\_

**Student #2:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Goes By: \_\_\_\_\_  M  F  
Age \_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_ Lives with:  Mother  Father  Both  Other: \_\_\_\_\_  
**Allergies or health concerns:** \_\_\_\_\_

**Student #3:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Goes By: \_\_\_\_\_  M  F  
Age \_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_ Lives with:  Mother  Father  Both  Other: \_\_\_\_\_  
**Allergies or health concerns:** \_\_\_\_\_

**FATHER/GUARDIAN'S NAME** \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**MOTHER/GUARDIAN'S NAME** \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 **Mother's Address is the same as Father's Address**  
Mother's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**LOCAL PERSON** authorized to care for child(ren) if parents cannot be reached in an emergency:

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In the event our child(ren) become(s) ill or sustains injury while in the care of Cole Valley Christian Schools and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary. Consent is given to any licensed physician or dentist to perform such emergency procedures deemed necessary to treat the emergency.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Extended Care Rates – 2019-2020

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## Checking in and out of Extended Care:

Students will need to have their school ID cards to be scanned in and out of Extended Care.

Billing will be done through Facts.

## Extended Care Hours and Rates:

### Hours:

7:30 a.m. to 8:00 a.m.

3:30 p.m. to 6:00 p.m.

### Rates:

Charged at 15-minute increments at \$1.50.

30 minutes \$3.00.

60 minutes \$6.00.

## Non-School Days and Half-Day Rates and Guidelines

**HALF-DAYS**      **\$20/day – 12:30 to 6:00 p.m.**

**FULL DAYS**      **\$28/day – 7:30 a.m. to 6:00 p.m.**  
**\$20/day – for under 5 hours**

All non-school days will be subject to closure if we do not have a minimum number of students. A minimum of 8 students will be needed to have the extended care facility open.

Non-school day sign-ups, opening, and closure information will be advertised in the Extended Care room and the Charger Weekly email.

Students signed up for non-school days and does not show up for care, will incur **charges of \$28.00 per student**, to your account **if a 24-hour notice of cancellation is not received** by Mrs. Kim Sangster. You may reach her at [ksangster@cvcsonline.org](mailto:ksangster@cvcsonline.org).

## Late Fees

A late fee will incur for those children not picked up by 6:00 p.m. The late fee is \$5.00 for every 10 minutes after 6:00 p.m. and will be added to your monthly invoice. This fee is an additional charge along with the set fee.