

**ST. MARY STAR OF THE SEA SCHOOL
515 WISCONSIN AVENUE
OCEANSIDE, CALIFORNIA 92054
760-722-7259 SCHOOL – 760-828-8982 STAR CARE
EXTENDED CARE AGREEMENT 2016 - 2017**

Father's Name: _____

Phone (home) _____ (cell) _____ (business) _____

Mother's Name: _____

Phone (home) _____ (cell) _____ (business) _____

Home Address _____ City _____ Zip _____

Name(s) of children requiring services:

_____ Grade _____ _____ Grade _____

_____ Grade _____ _____ Grade _____

MONTHLY FEE SCHEDULE: (Circle your choice of plan.)

| | | | |
|----|--|---|--|
| A. | Morning Care Drop-in Rate (7:00 a.m. - 7:45 a.m.) | Each child | \$5.00 per day |
| B. | Full Time Morning & Afternoon Care | 1 Child 2 Children 3 Children 4 Children | \$180.00/month* \$275.00/month* \$330.00/month* \$400.00/month* |
| C. | Afternoon Care (2:45 p.m. - 6:00 p.m.) | 1 Child 2 Children 3 Children 4 Children | \$155.00/month* \$215.00/month* \$265.00/month* \$320.00/month* |
| D. | Afternoon Drop-in Rate | Each child | \$5.00 per hour |

CHILDREN MUST BE PICKED UP NO LATER THAN 6:00 P.M.

**PARENTS WILL BE CHARGED \$1.00 PER MINUTE PER CHILD AFTER 6:00 P.M.
HABITUAL LATENESS MAY RESULT IN LOSS OF EXTENDED CARE PRIVILEGE.**

***CHANGE IN BILLING FOR FLAT RATE CONTRACTS:** Flat rate contracts will not receive monthly billing statements. The amount that you sign up for will be automatically deducted from your checking/savings account on the 10th of the following month. First billing will be October 10th for the month of September. The final bill will be June 10th that will cover May. Please see separate form for automatic billing information. Drop in rates will receive monthly billing that will be due and payable upon receipt of the bill.

The above fees are calculated on a yearly 10 month usage rate. Because the school year includes a 2-week vacation at Christmas and approximately two weeks of school in June, those who choose the full time plan will pay the full monthly rate in December and will not be required to pay for June services. This does not apply to those using the hourly rate. Fees for hourly rates are calculated per hour. This means **any** part of an hour used in the Extended Care Program is one hour. **Hours are calculated from 12:00 Noon on minimum days and 2:45 p.m. on regular school days; however, there is no charge if children are PICKED UP PRIOR TO 12:15 p.m. (minimum days) or 3:00 p.m. (regular days). THERE IS NO HALF-HOUR RATE.**

Students staying after school for ANY REASON, including sports or activities not sponsored by Extended Care, **MUST SIGN IN** to Extended Care when not in that activity. Parents will be charged **ONLY** if the student is not picked up within 15 min. after the activity ends. Hours will be calculated **ONLY** for the time the student is in Extended Care. Payments are due on receipt of billing.

An additional charge of \$25.00 will be assessed for any check that is returned from the bank due to insufficient funds or closure of your bank account.

AGREEMENT

I, the undersigned, enroll the student(s) listed in St. Mary, Star of the Sea School Extended Care Program (also called Star Care) for the 2016-2017 School Year. I have read the contract, and I agree to all terms and conditions.

Furthermore, I agree to uphold the standards of the school. The students listed will comply with the regulations. I also understand that failure to do so will result in termination of the child from the Extended Care Program.

Signed _____ Parent/Guardian Date _____

EXTENDED CARE PROGRAM EMERGENCY INFORMATION

In addition to the parents/guardians, the following persons(s) are permitted to pick up my child(ren):

| | | | |
|------|---------|-----------|------|
| Name | Address | Telephone | Cell |
|------|---------|-----------|------|

| | | | |
|------|---------|-----------|------|
| Name | Address | Telephone | Cell |
|------|---------|-----------|------|

ILLNESS OR ACCIDENT: In the event that the parents cannot be contacted and in the event of an apparently serious illness or accident, I request one of the following to be notified by telephone. They are authorized to act in my absence and may release my child from the Extended Care Program. These persons are also listed on the emergency card in the school office.

| | | | |
|------|---------|-----------|------|
| Name | Address | Telephone | Cell |
|------|---------|-----------|------|

| | | | |
|------|---------|-----------|------|
| Name | Address | Telephone | Cell |
|------|---------|-----------|------|

The following person(s) **MAY NOT** pick up my child:

In the event of a serious illness or accident, if one of the above cannot be reached, I request that my child(ren) be taken to the NEAREST EMERGENCY FACILITY. Yes No

DOCTOR'S NAME AND TELEPHONE

| | | |
|---------------------------|---------|-----------|
| Doctor / Medical Facility | Address | Telephone |
|---------------------------|---------|-----------|

Special Instructions/Allergies _____

ST. MARY, STAR OF THE SEA SCHOOL

AUTOMATIC PAYMENTS FOR FLAT RATE CONTRACTS

Bills for the following flat contracts will be automatically deducted on the 10th of the following month. **First billing will be October 10th for the month of September. The final bill will be June 10th that will cover May.**

Please circle your choice from the Flat Rate Plans listed below:

| | | |
|---|------------|-----------------|
| Full Time Morning & Afternoon Care | 1 Child | \$180.00/month* |
| | 2 Children | \$275.00/month* |
| | 3 Children | \$330.00/month* |
| | 4 Children | \$400.00/month* |
| Afternoon Care (2:45 p.m. - 6:00 p.m.) | 1 Child | \$155.00/month* |
| | 2 Children | \$215.00/month* |
| | 3 Children | \$265.00/month* |
| | 4 Children | \$320.00/month* |

PLEASE COMPLETE THE INFORMATION BELOW: (please include a voided check)

Name on account: _____

Name of Bank: _____

Bank's Routing #: _____

Bank's Acct #: _____

I hereby authorize St. Mary, Star of the Sea School and Union Bank to electronically debit my account for the monthly Extended Care Flat Rate agreement listed above.

Signature of Parent/Guardian: _____ Date: _____