



Capistrano Valley Christian Schools
2009-2010 JK-6TH EXTENDED CARE FORM

Extended Care is available to all CVCS students in grades JK-6 (minimum age – 4.9 years). All students who are not picked up at dismissal time (10 minutes grace period) will be signed into Extended Care and fees incurred will be billed at the end of the month.

Please complete a separate form for each student using Extended Care.

Extended Care Hours: 7:00-8:00am and 2:45-6:00pm. Please note that Extended Care closes promptly at 6:00pm and a fee of \$10.00 for the first 5 minutes and \$2.00 for each additional minute thereafter will be charged for any student left in care after closing time. If you pick up your child without signing them out, you will be billed through 6:00pm.

Younger siblings of junior high or high school students will be billed accordingly if attending extended care.

A \$75.00 registration fee per family is required for the morning, afternoon & \$6/hr payment plans.

Please indicate which plan will best serve your child:

- Morning Payment Plan (7:00-8:00am)* \$ 85.00 monthly unlimited use
Afternoon Payment Plan (2:45-6:00pm)* \$ 260.00 monthly unlimited use
Hourly Rate Plan (registered) \$ 6.00 per hour
Hourly Rate Plan (non-registered) \$ 8.00 per hour
JK Hourly Rate Plan (1:00-3:00pm registered) \$ 6.00 per hour
JK Hourly Rate Plan (1:00-3:00pm non-registered) \$ 8.00 per hour

*Please note that a 30-day notice must be given when changing payment plans; payment plans apply to school calendar days only and WILL NOT be pro-rated for months with shortened school days. The cost for minimum days will be charged per STUDENT not per FAMILY.

EMERGENCY & RELEASE INFORMATION

Student's name: _____ Grade _____

Father's name: _____

(work) _____ (home) _____ (cell) _____

Mother's name: _____

(work) _____ (home) _____ (cell) _____

Please list below those who may NOT pick up the above-named student up from Extended Care:

Name: _____

Name: _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach anyone on my emergency form, I hereby authorize the school/extended care to contact the physician/dentist listed. If unable to reach physician/dentist, I authorize the school to make whatever arrangements they deem necessary.

Signature _____ Date _____