



**EXTENDED DAY CARE 2017-2018
Pre-School**

Dear Parents:

Thank you for your interest in our Extended Day Care Program. This program is available to students enrolled in our pre-school who need a "home away from home" for **after school** hours.

All children MUST be signed out by a parent or guardian.

HOURS AVAILABLE:

1. After school hours until 6:00 p.m. on regular school days.
2. 7:00 a.m. to 6:00 p.m. on Teacher In-service Days.
3. The program is NOT available on holidays.

Extended Day Care is an extension of CTKCS; therefore, all the policies and procedures of the Handbook apply.

The attached forms and affidavit must be completed, notarized and returned to the school prior to your child being accepted in the program.

Maxwell Crain
Principal

CHRIST THE KING CATHOLIC PRE-SCHOOL
P.O. DRAWER 1890
DAPHNE, ALABAMA 36526
EXTENDED DAY CARE 2017/2018

PARENT/GUARDIAN'S NAME _____

Email Address _____

CHILDREN'S NAMES _____	GRADE _____
_____	GRADE _____
_____	GRADE _____

Name of person(s) authorized to pick up child _____

The following options are available under the extended care plan. Please check **one** of the options. You may change your extended care option during the school year. Adequate **written** notice must be given to the office and Extended Care Manager.

- _____ 1) **FULL STAY** – available until 6:00 p.m.
Cost per one child is \$125.00/month. Cost for 2 or more children is \$200.00/month.
Payments will be drafted from your account during the months of September through May on the 25th of each month. Cost includes in-service days and half days.

IMPORTANT NOTE: For the safety of your child, we need to know when to expect him/her.
When will you start the program? _____

CHECK DAYS

CIRCLE ESTIMATED PICK UP TIMES

Monday _____	4 p.m.	5 p.m.	6 p.m.
Tuesday _____	4 p.m.	5 p.m.	6 p.m.
Wednesday _____	4 p.m.	5 p.m.	6 p.m.
Thursday _____	4 p.m.	5 p.m.	6 p.m.
Friday _____	4 p.m.	5 p.m.	6 p.m.

- _____ 2) **DROP IN** – Available until 6:00 p.m.
Limited to two times per week/not to exceed 10 stays per month*
Cost is \$10.00/family/stay. Invoices will be emailed by the 10th and drafted on the 25th of the following month.
* **After 10 stays per month, billing will be calculated on Full Stay cost.**

**CHRIST THE KING CATHOLIC PRE-SCHOOL
EXTENDED DAY CARE INFORMATION FORM**

Child or Children's Names	Sex	Date of Birth	Grade
_____	_____	____ _	_____
_____	_____	____ _	_____
_____	_____	____ _	_____
_____	_____	____ _	_____

Special Instructions: Allergies? _____ Any Chronic Illnesses? _____

Child or Children's Address:

Number _____ Street _____ City _____ Zip _____ Home Phone # _____

Parent or Guardian's Name _____

Home Address _____ Home Phone # _____

Name of person(s) picking up child _____

Parent's Business Address & Telephone. The following telephone numbers may be called in cases of emergency:

Mother's Last Name _____ First Name _____ Business Address _____ Phone # _____

Father's Last Name _____ First name _____ Business Address _____ Phone # _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Doctor's Name and Telephone: _____

If the above cannot be reached, I wish my child to be taken to the EMERGENCY HOSPITAL.
Yes No (Circle one)

I wish the following doctor to be notified:

_____ Name

_____ Phone #

Illness, Accident, or Leaving Center Premises: In the event of apparently serious illness, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence and they have **SIGNED** their names on this form. They may also release my child from the Extended Care Program.

Name

Address

Home Phone: _____

Cell Phone: _____

Signature _____

Name

Address

Home Phone: _____

Cell Phone: _____

Signature _____

If anyone other than the parent or guardian, or above named people, are to pick up your child, please send a written note to the school signed by the parent or guardian. **We cannot release your child to anyone not appearing on this form without prior written permission.**

Please note below if you have restrictions as to who picks up your child.
The following persons may **NOT** call for my child:

Signature of parent/guardian

Date



STATE OF ALABAMA

COUNTY OF BALDWIN

Before me, a Notary Public in and for the said State and County, appeared _____ and is known to me, after being duly sworn or affirmed, states as follows:

That affiant is the parent or legal guardian of the minor child/ children _____; that affiant has been notified by Mr. Maxwell Crain, a representative of Christ the King Catholic Church/School that said Church or School has filed notice and is exempt under law from regulation by the Department of Human Resources.

PARENT / LEGAL GUARDIAN

Sworn, or affirmed to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

COMMISSION EXPIRES

COUNTY OF