

Clifdale Elementary School Extended Care

August 2016

Dear Parents,

We are offering the after-school program, Extended Care, again this year. If you are interested in enrolling your child in our program, please sign on the attached registration form and return it to the school by August 15th, the first day of school.

Extended Care begins Monday, August 15th and ends on Wednesday, May 24th. Children receive daily snacks, help with homework, and play time until they are picked up. Additionally, two adults supervise the children at all times.

The program is open from 2:30 pm – 5:30 pm, Monday through Friday. However, **there will be no Extended Care if school is closed**. There will also not be Extended Care on school days that have early dismissal.

Payment:

1 child = \$45 per week

2 children = \$80 per week

3 children = \$110 per week

(There will be no charge for Christmas holidays and Spring Break)

Payment is expected each Friday prior to the beginning of the next week, but no later than Monday. This is non-negotiable. Checks are to be made out to Clifdale Elementary School. You will receive receipts for all money collected.

Enrollment:

We will accept the first 20 children for full-time enrollment. Once a student is enrolled as full-time, the weekly fee is **\$45.00 per week, no matter the number of days the student attends during the week.** No adjustments will be made due to illness. Full payment must be received each week to hold the full-time position.

We will accept the first 5 children for part-time enrollment. Part-time enrollment is only available to students who stay **one or two days a week** in Extended Care. The fees for part-time enrollment are **\$12.00 per day.**

Please call the school at 864-279-6200 or the Extended Care extension at 864-279-6217 if you have any questions. We look forward to having your child in our program!

Kaitlyn Blackwell, Extended Care Director

I would like for my child(ren) to be enrolled in the Extended Care program at Clifdale Elementary School.

Parent or Guardian: _____

Child's Name: _____

2nd Child: _____

3rd Child: _____

Address: _____

Home #: _____

Cell # 1: _____

Cell # 2: _____

Work # 1: _____

Work # 1: _____

I am requesting full-time enrollment for ____ child(ren).

I am requesting part-time enrollment (only up to two days per week) for ____ child(ren).

I have read and accept the terms of agreement for payment.

Parent signature: _____

In order for us to keep your children safe, we also need a list of people who are authorized to pick your child(ren) up from Extended Care. If there is anyone that absolutely may not pick up your child(ren) from Extended Care, please list them below.

Authorized for Pickup

Unauthorized for Pickup

