



Our Lady of Guadalupe School
340 Massey Street
Hermosa Beach, California 90254
Phone: 310-372-7486 Fax: 424-327-6795

**Extended Care Program Contract
2016-2017**

Our Lady of Guadalupe Extended Care Program (ECP) provides a safe and enriching environment for OLG students.

Program Operations

Child care begins at 7:00am and operates until the start of the school day. The afternoon session begins at 3:00pm and operates until 6:00pm. ECP is housed in the Parish Hall.

The program follows the regular school calendar. When school is closed, the program is closed, unless noted in our school calendar.

Terms of Agreement

Registration fee for 2016-2017 is \$50 for the first child and \$20 for each additional child.

Morning Care: \$4 daily per child

Extended Care Rate: Four or more days per week \$4 per hour for each child.

Part Time Extended Care Rate: Three or less days per week \$5 per hour for each child.

Snack fee: \$1 daily per child

A late fee of \$2 per minute is charged after 6:00pm for each child.

Parents must sign out their child daily. If a student is not signed out, the family's account will reflect as a 6:00pm pick up.

Parents and authorized relatives/friends 18 years or old may pick up your child.

All ECP fees will be collected through SMART Tuition Management. Full payment is due on the 5th of each month. A \$50 late fee will be applied on the 10th of each month. If your account defaults by two months, your child will not be able to attend extended care until paid in full.

Parent must complete the ECP Information Sheet.

Please sign and return the ECP contract with the registration fee.

Print Child's Name: _____ Print Parent's Name: _____

Sign: _____ Date: _____

Office Use Only	Registration Payment	Date Received: _____
Date Received: _____	Cash _____	Check# _____ Received by: _____



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Extended Care Program Information Sheet

Last Name: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Home Address: _____

Email Address: _____

Mother's Name: _____

Home Number: _____

Work Number: _____

Cell Number: _____

Father's Name: _____

Home Number: _____

Work Number: _____

Cell Number: _____

_____ Registration fee of \$50 for the first child and \$20 for each additional child

- Extended Care Rate: Four or more days per week \$4 per hour for each child.
- Part Time Extended Care Rate: Three or less days per week \$5 per hour for each child.
- Morning care (7:00am- 8:00am): \$4.00 per day for each child.
- A late fee of \$2 per minute is charged after 6:00pm for each child.

All ECP fees will be collected through SMART Tuition Management. Full payment is due on the 5th of each month. A \$50 late fee will be applied on the 10th of each month. If your account defaults by two months, your child will not be able to attend extended care until paid in full.

I understand that the person picking up my child must be 18 years or older and should present proper identification with his/her picture. The name listed on the ID must match the name listed below. I authorize my child to be released to the following person(s):

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Parent's Signature _____

Date: _____

LIST ALL ALLERGIES PER CHILD

Name of Child #1 _____

Allergies: _____

Medication: _____

Name of Child #2 _____

Allergies: _____

Medication: _____

Name of Child #3 _____

Allergies: _____

Medication: _____

Name of Child #4 _____

Allergies: _____

Medication: _____

OTHER: _____
