



2021-2022 Extended Day Program

After School Care

- Time: 3:15-5:30pm
- 2 Options:
 - Full-Time Care \$107.50 per month
 - Drop-In Care \$10 per day

Students must be registered for the Extended Day program to utilize Extended Day. Participating in the Extended Day program is a privilege. Students who do not conform to rules or are referred to the office may be suspended or expelled from the program at the discretion of the school administration.

Policies and Procedures

1. Completed registration form.
2. Pay \$25 Extended Day Program yearly registration fee.
3. Payments must be made monthly for Full-Time Students, and Daily on the day the Drop-In Student stays. Please put payment in an envelope marked with student's name and "Extended Day". Students who fall behind in payment will be dropped from the program.
4. There will be a late charge for pickup after 5:30pm of \$5 for each minute late.
5. The return of any check, for reason of insufficient funds may terminate the privilege of paying by check.
6. Parents must come inside to pick up/sign out students from the Extended Day Program in the afternoon.



2021-2022 Extended Day Program Registration Form

Child's Name _____

Choose Payment Type: () Full-Time (\$107.50 paid per month)

() Drop-In (\$10.00 paid per day)

Date of Birth _____ Age _____ Grade _____ Teacher _____

Names and grades of BCA Brothers and Sisters:

Address _____ Phone # _____

Mother's Name _____

Father's Name _____

Mother's Place of Work _____ Work Phone # _____

Father's Place of Work _____ Work Phone # _____

MEDICAL INFORMATION: (Allergies, nosebleeds, bites, etc.) () Yes () No

Explain: (continue on back if necessary) _____

Name and phone numbers of EMERGENCY Persons to Call:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Is child covered by insurance? () Yes () No

Doctor's Name: _____ Phone # _____

Permission to seek medical treatment if unable to reach parents? () Yes () No

Persons, other than parents, with permission to pick up child:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Signature of Parent _____ Date _____