Extended Care Information

- 1. State Licensed under Social Services of Fairfax County and thus subject to follow state rules and regulations.
- Extended Care Program operates only when school is in session.Hours of Operation:

Preschool/ Pre-K

6:45 am – 8:30 am (Parent must walk child to the building and sign them in) 2:30 pm – 6:00 pm (Parent must come to building and sign child out)

K-8th grade:

6:45 am -7:45 am (Parent must walk child to the building and sign them in) 3:00 pm - 6:00 pm (Parent must to building and sign child out)

- 3. Early Dismissal: 12:00 pm 6:00 pm (Child must <u>bring a lunch</u> to include drink, napkin, and plastic utensils if needed) Lunches may not contain any nut products or items manufactured in a facility that handles nuts.
- 4. All forms must be filled out completely and signed.
- 5. If another person is picking up your child, email extendedcare@nativityschool.org
- 6. Children go out each day for recess time weather permitting.
- 7. TOYS ARE NOT TO BE BROUGHT FROM HOME
- 8. Snow Days: follow Fairfax County Public School (FCPS) closings and delays. If the opening of the school is delayed two hours AM Extended Care will open at 8:45. If FCPS closes two hours early, all students must be picked up at dismissal. PM Extended Care will be closed.
- 9. Holidays: No PM Extended Care for the last day of classes before the Thanksgiving, Christmas, and Easter breaks, as well as the last day of school.
- 10. For further questions and/ or concerns pertaining to Extended Care email Mrs. Behan: extendedcare@nativityschool.org.

All Extended Care parents are expected to attend the virtual Extended Care meeting on Monday, 24 August at 3:00 PM.



Nativity Catholic School

Extended Care Registration for 2020-2021

The registration fee **WILL NOT** be collected at this time. A \$25.00 registration fee per child will be billed to your Smart Tuition account the month your child begins attending the program.

| Child/Children's name/s: | Grade: |
|---|---|
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| | |
| Due to State Licensing regulations during accommodate drop-in students unless you essential personnel will be accepted first it personnel, please indicate below your job | are essential personnel. Students of in Extended Care. If you are essential title and employer. |
| Job Title: | |
| Employer: | |
| Weekly- utilizing care every weekday as n | narked below |
| AM only PM only | AM & PM |
| I have read the Extended Care information | on and agree to pay the amount. |
| Parent Signature: | Date: |

Nativity Catholic School Extended Care Program Emergency Care Information Form 2020-21

Date Enter_____

| | Date Left | | | |
|--|---|--|--|--|
| Name of Student: | Nick Name: | | | |
| Date of Birth: | | | | |
| Complete Address: | | | | |
| Home Phone: | Cell Phone: | | | |
| Father's Name: | | | | |
| Home Address: (If different from above): | | | | |
| Home Phone: | Cell Phone: | | | |
| Name of Employer: | Phone: | | | |
| Address of Employment: | | | | |
| | | | | |
| Mother's Name: | | | | |
| Home Address (If different from above): | | | | |
| Home Phone: | Cell Phone: | | | |
| Name of Employer: | | | | |
| | | | | |
| Name of Person with Custody: | | | | |
| | | | | |
| | | | | |
| Medical History | | | | |
| Doctor's Name: | Phone: | | | |
| Child's Allergies: | | | | |
| Type of Reaction: | | | | |
| | | | | |
| | | | | |
| Date of last tetanus shot: | | | | |
| | from school: | | | |
| I agree to notify the school within 24 hou | ars if my child or any number of my immediate household has | | | |
| developed a communicable disease. I agr I agree to pick up my sick or injured chil emergency contacts can be called to pick the school has my permission to take my | ree to notify the school immediately if the disease is life threatening d in a timely manner when contacted. If cannot be reached, my up my child. Additionally, if I cannot be contacted in an emergency child to the emergency room of the nearest hospital and I hereby atment, which a physician deems necessary for the well-being of my | | | |
| Signature of Parent/Guardian | Date: | | | |

Emergency Contacts (Must be filled out in full)

In the event a parent cannot be reached. Please give name, address, and phone number of three persons who could pick up and take home in a timely manner. (No more than 20 min. away)

| Name: | Relationship: |
|---|----------------------------------|
| Address: | |
| | Cell Phone: |
| Name: | Relationship: |
| Address: | |
| | Cell Phone: |
| Name: | Relationship: |
| Address: | |
| | Cell Phone: |
| Insurance Company: | |
| | |
| | |
| Date: | |
| Nativity Catholic School Extended Care | has permission to take photos of |
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| To be completed by office | |
| - · · · · · · · · · · · · · · · · · · · | |
| Date Certificate Issued: | |
| | |
| Place of Birth: | |
| | |
| | |
| Signature: | |
| Printed Name: | |



NATIVITY CATHOLIC SCHOOL 2020-2021 EXTENDED CARE PRICING AND BILLING INFORMATION

| | Weekly Rate \$150 a week AM and PM (Early Dismissal Included) | | | | | | | |
|-------------------|---|-------------|---------------|--------|----------------------------|--------|--------------------------|--------|
| Preschool/Pre-K | | | | | | | | |
| Kindergarten- 8th | | AM Only | PM Only | | | | AM and PM | |
| | Mo | nday-Friday | Monday-Friday | | Week W/ Early Dismissal | | Early Dismissal Included | |
| One Child | \$ | 45.00 | \$ | 105.00 | \$ | 130.00 | \$ | 115.00 |
| Two Children | \$ | 60.00 | \$ | 175.00 | \$ | 200.00 | \$ | 185.00 |
| Three Children | \$ | 75.00 | \$ | 215.00 | \$ | 240.00 | \$ | 225.00 |
| Four Children | \$ | 90.00 | \$ | 240.00 | \$ | 265.00 | \$ | 250.00 |

EXTENDED CARE BILLING AND PAYMENT:

- * Billing is processed through Smart Tuition.
- * If child is picked up after 6:00 PM you will be billed \$10 for every five minutes or portion thereof for each child.
- * Vacation requires 2 week notification.
- * Withdrawal requires two week notification.