

**Extended Care Information 2022-23**  
**Important: Extended Care Payments via Smart Tuition**

**Days of Operation:** Monday – Friday only on days when school is in session

**Hours of Operation:**

**Preschool/ Pre-K**

6:45 am – 8:30 am

2:30 pm – 6:00 pm

**K- 8<sup>th</sup> grade:**

6:45 am -7:45 am

3:00 pm – 6:00 pm

Early Dismissal Days: Open until 6:00 pm (Children must ***bring a lunch***)

All Extended Care paperwork must be completed and submitted prior to your student attending.

If another person is picking up your child, you must email Extended Care at [extendedcare@nativityschool.org](mailto:extendedcare@nativityschool.org) and include the name of student, name and cellphone of person picking up. Person picking up must provide picture id.

***TOYS ARE NOT TO BE BROUGHT FROM HOME***

**Snow Days:** We follow Fairfax County School closings and delays. If the opening of the school is delayed one hour; AM Extended Care will be delayed one hour (opening at 7:45 am), and if the opening of school is delayed two hours; AM Extended Care will be delayed two hours (opening at 8:45 am). No PM Extended Care is offered on early dismissals because of inclement weather.

**Holidays:** There will be no Extended Care for the last day of classes before the Thanksgiving, Christmas, and Easter Holidays, as well as the last day of school.

If you have questions email Mrs. Behan at [extendedcare@nativityschool.org](mailto:extendedcare@nativityschool.org)



## Nativity Catholic School

### Extended Care Registration for 2022-2023

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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Please indicate your choice by checking the appropriate program to enroll your child/children.

**Drop-In** - Advanced notice must be given to [extendedcare@nativityschool.org](mailto:extendedcare@nativityschool.org).

**Drop-In does not guarantee your child/children a spot in the program for the requested day. Priority is given to essential workers.**

**Drop-in** \_\_\_\_\_

**Weekly**- utilizing care every weekday following school and/or Preschool hours

**AM only** (6:45am-school start time) \_\_\_\_\_

**PM only** (immediately after school-6:00pm) \_\_\_\_\_

**AM & PM** \_\_\_\_\_

I have read the Extended Care information and agree to pay the amount indicated.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

# Nativity Catholic School Extended Care Program

## Emergency Care Information Form 2022-23

### ONE FORM PER STUDENT

**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: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Home Address (If different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

**Name of Person with Custody:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Medical History

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Type of Reaction: \_\_\_\_\_

Action Taken for Reaction: \_\_\_\_\_

Medication the child is taking: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Persons not authorized to pick up child from school: \_\_\_\_\_

I agree to notify the school within 24 hours if my child or any number of my immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If can't be reached, my emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well-being of my child.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contacts (Must be filled out in full)**

Provide name, address, phone number of 3 persons who could pick up your student in a timely manner. (No more than 20 min. away)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Previous Child Care Programs and Schools Attended: \_\_\_\_\_

Nativity Catholic School Extended Care has permission to take photos of my student,  
\_\_\_\_\_ for school use only.

To be completed by office only:

Date Entered			
Date Left			
Birth Cert. File #		Date Cert Issued	/ /
Place Issued			
Place of Birth			

Received By:	Date:
Printed Name:	Signature:



**NATIVITY CATHOLIC SCHOOL  
2022-2023 EXTENDED CARE PRICING AND BILLING**

<b>Weekly Rate</b>
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<b>Preschool- 8th</b>	<b>AM Only</b>	<b>PM Only</b>	<b>AM and PM</b>
	<b>Monday-Friday</b>	<b>Monday-Friday</b>	<b>Monday-Friday</b>
One Child	\$ 45.00	\$ 115.00	\$ 130.00
Two Children	\$ 68.00	\$ 190.00	\$ 205.00
Three Children	\$ 85.00	\$ 225.00	\$ 250.00
Four Children	\$ 105.00	\$ 250.00	\$ 275.00

<b>Preschool - 8th</b>		<b>Drop-in Rate 24 Hour Notice Required</b>
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Per Student

\$35 per day

**EXTENDED CARE BILLING AND PAYMENT :**

Billing processed through Smart Tuition.

A \$10.00 per child late pick up fee for every five minutes or portion thereof after 6:00 PM will be added to your billing.

Drop-in:

24 hour notice of attendance must be given to the Extended Care at [extendedcare@nativityschool.org](mailto:extendedcare@nativityschool.org).