

ST. LAWRENCE MARTYR SCHOOL
1950 S. PROSPECT AVENUE
REDONDO BEACH, CA 90277
(310) 316-0877

PLEASE DO NOT RETURN THIS PAGE - KEEP IT FOR YOUR RECORDS

Dear Parents,

Welcome to the St. Lawrence Martyr School Extended Care Program for the **2011/2012** School Year!

This service is being provided for the children in St. Lawrence Martyr School (grades DK – 8) whose parents work and desire a safe and caring place for their children to go before and after school. The Extended Care Program (ECP) will operate on all school days including early dismissal days, unless otherwise noted. This program offers time for supervised play, supervised homework, and other activities as determined by the Director.

St. Lawrence Martyr ECP will provide morning care from 7:00am to 7:50am and afternoon care from 3:00pm to 6:00pm, whereas on ½ days, afternoon ECP will be provided from 12:15pm to 6:00pm -- unless otherwise noted in the school calendar. **ECP Care for Developmental Kindergartners** is available from 12:00pm to 3:00pm in the DK room. Parents may choose to send their child(ren) to the ECP on a **regular basis, referred to as "DK Monthly"**, or on an **occasional basis referred to as "Drop-in Hourly"**. **Our program will commence on 9/6/11. Monthly fees for September are to be sent in the family envelope attached to your contract.**

HOURLY FEES:

If extended care is needed on a **DROP-IN basis** (before and/or after school), the cost is only \$5.00 per hour or part of an hour, per child, calculated through the end of each month and billed the following month. Therefore, with hourly care only, the first payment for September services will not be due until October. *At the end of May, we will ask that you kindly plan your hours for June and pay in advance. Any overage will then be credited to your account for future use.*

MONTHLY FEES:

If extended care is needed on a more regular basis, we have provided a significantly discounted monthly rate. *Because of this, absenteeism will not be subtracted from these fees. Monthly fees are due in advance of the month of service.* To accommodate for Spring and Winter breaks, June will not be billed.

BEFORE SCHOOL CARE MONTHLY: 7:00a-7:50a (billed Sept. - May only)

\$60 per month for 1 child
\$70 per month for 2 children
\$80 per month for 3 children
\$90 per month for 4+ children

DEVELOPMENTAL KINDER (DK) MONTHLY: 12:00p-3:00p (billed Sept. - May only)

\$200 per month for one child


AFTER SCHOOL CARE MONTHLY (including DK): 3:00p-6:00p (billed Sept. - May only)

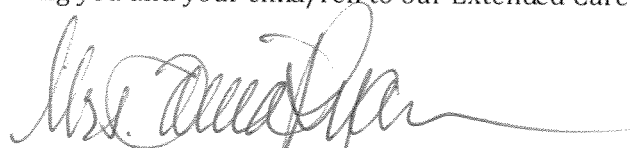
\$200 per month for 1 child
\$240 per month for 2 children
\$280 per month for 3 children
\$320 per month for 4+ children

******AFTER 6:00pm Closing Time: \$25.00 fee per child + \$1.00 per minute per child after 6:15p.m. Late charges must be paid at the time you pick up your child.******

Please read the following contract carefully, complete in full, initial and sign where indicated, and return to school as soon as possible. We look forward to welcoming you and your child/ren to our Extended Care Program! ☺

Sincerely,


Mr. Kristopher Knowles
Principal


Mrs. Tania Ryan
Extended Care Director

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IMPORTANT PARENT REMINDERS (please check the school calendar for reminders):

DAYCARE WILL BE CLOSED: Friday, October 28 for Octoberfest and Friday, November 18 for the Fun Run.

EARLY CLOSURES FOR DAYCARE WILL BE AS FOLLOWS: 4:00pm December 16, the final day before Christmas break, and April 5, Holy Thursday before Easter Break, and 5:00pm Thursday, December 15 for the Christmas concert and Thursday, May 31 for the Spring concert. *Please know changes have been made due to low enrollment in past years.*

Please plan to make other arrangements for your child/ren on those days.

PARENT RESPONSIBILITIES:

- A. Sign the Contact/Emergency Care Form and return it to the school office **even if you feel you may not have a need for ECP this year (you never know!).**
- B. **IF YOU HAVE CHOSEN A MONTHLY PLAN, PLEASE CLIP OR STAPLE YOUR PAYMENT FOR SEPTEMBER TO THE CONTRACT. (Hourly plans will be billed in October).**
- C. ***An envelope will be provided for MONTHLY AND HOURLY payment beginning in OCTOBER, not before. This special envelope for Extended Care will be used for the entire school year, so please be sure to return it with your payment and DO NOT SEAL THE ENVELOPE. If the envelope is misplaced, you will be responsible to submit future payments in your own envelopes.***
- D. **THERE IS NO SUPERVISION ON THE SCHOOL GROUNDS BEFORE 7:45am and AFTER 3:15pm. ANY STUDENT LEFT UNSUPERVISED WILL BE CHECKED IN TO OUR PROGRAM FOR THEIR SAFETY AND MUST BE SIGNED OUT BY A PARENT OR DESIGNATED EMERGENCY PICK-UP PERSON TO BE RELEASED.** We ask that you make arrangements for appropriate transportation and supervision before and after school hours. Charges will incur at the hourly rate and will be billed the following month. Please note we do not charge for 15 minutes or less in our care.
- E. Make checks payable to “St. Lawrence Martyr” or “STLM”, (not “ECP”). To keep your payments separate, you may note “ECP” along with your child’s name & grade in memo line.
- F. Know that payments are due on the 1st of each month. As a courtesy, we will accept payments up to the 10th. **Please be sure to pay on time as a \$25.00 late payment fee will be assessed after the 10th.** For your convenience, payments may be left in the Extended Care room, Attn.: Mrs. Ryan.
- G. ***The Extended Care Program (ECP) is financed independently from the school.*** Therefore, we ask that separate payments be made monthly and placed in the special envelope provided. **These payments are not to be included with tuition since the ECP keeps separate books, which are managed by the ECP Director.**
- H. Be sure to list at least (3) people, in addition to yourself, whom you authorize to pick up your child/ren each day. If there are any changes you are to notify the Director *in writing* immediately. **Only those authorized will sign out the child/ren or the child/ren will not be released. Any person other than the parent/guardian will be required to show photo I.D.**
- I. **Pick up or have your child/ren picked up by 6:00p.m. A \$25.00 fee per child will be assessed if your child/ren are picked up after 6:00p.m. – ECP closing time. Additionally, any child/ren left after 6:15p.m. will be charged \$1.00 per minute thereafter (per child) in addition to the \$25.00 charge. Late charges must be paid at the time you pick up your child.** Please note these charges are in addition to the regular fees. FREQUENT LATE PICK-UPS WILL BE GROUNDS FOR TERMINATING PARTICIPATION IN THE ECP PROGRAM.
- J. Provide snacks and/or lunch for your child/ren as necessary. No sodas or candy are allowed.
- K. Once a student is picked up at Daycare *for any reason*, they will not be allowed to return to Daycare until the following day. **Please make other arrangements when making play dates, etc.**
- L. Though we strive to provide fun activities for your child/ren, *homework is a priority* in the our program and we provide a qualified staff to assist them. DK/K, and those without homework will participate in our reading program before playtime. Please note, we are simply a support system and complement to parents. It is the responsibility of the parent/s to review their children’s work and check their assignment books.
- M. A Junior High “Homework Club” is available beginning at 3:15pm in the library daily.
- N. Please know that electronic devices are not allowed.

***PLEASE BE SURE TO COMPLETE THE FOLLOWING FORM IN FULL
AND RETURN IT IN THE FAMILY ENVELOPE AS SOON AS POSSIBLE EVEN IF YOU ARE NOT
PLANNING TO USE EXTENDED CARE. THANK YOU.***

**2011/2012 St. Lawrence Martyr School Extended Care Program (ECP)
Contract / Emergency Care Form - PLEASE COMPLETE AND RETURN
(EVEN IF YOU ARE NOT PLANNING TO USE EXTENDED CARE)**

I HAVE READ AND UNDERSTAND ALL PARENT REMINDERS & RESPONSIBILITIES AS LISTED IN LETTERS "A - N" IN THE WELCOME LETTER. _____ (Please INITIAL Here)

Family Name: _____

PLEASE SELECT YOUR CHOICE OF CARE BELOW BY MARKING THE APPROPRIATE BOX/ES (). If you do not plan to use day care, or will only use it on a drop-in basis, please mark the box for "Drop-in Hourly". *(DK families may choose "DK Monthly" for 12pm - 3pm care in addition to "Drop-in Hourly" or "PM Monthly" for care after 3pm.)*

- AM Monthly - Grades DK - 8:** 7a - 7:50a (Please attach September payment and return ASAP)
- DK Monthly:** 12 - 3pm in the DK Room (Please attach September payment and return ASAP)
- PM Monthly - Grades DK - 8:** 3p - 6p & ½ days 12:15p - 6p (Please attach September payment and return ASAP)
- Drop-in Hourly - Grades DK - 8:** includes AM &/or PM

Below, please list your child/ren, who attend St. Lawrence Martyr School, and their grade level/s:

<u>Child(ren)</u>	<u>Grade(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MANDATORY AFTER SCHOOL PICKUP INFORMATION

The following are names and phone numbers of the ONLY PERSONS who are authorized to pick up my child(ren) after school (or to be called in an emergency). Your child/ren will not be released to any person other than the parent/guardian unless listed here and if so, must be prepared to show a photo ID.

NAME <small>(Please Print)</small>	RELATIONSHIP <small>(Please Print)</small>	HOME PHONE <small>(use area code)</small>	WORK PHONE <small>(use area code)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****PLEASE TURN OVER AND COMPLETE MEDICAL RELEASE AND INFORMATION****

A **Medical Release** is written below and will be used in case of emergencies.

It is extremely important this section be completed for any child(ren) participating in the ECP.

I/We give permission for any emergency medical care for our child/ren who is/are enrolled in the St. Lawrence Martyr School Extended Care Program.


 Child 1 Child 2 Child 3 Child 4

 Mother (please print and sign) Father (please print and sign)

Medical problems, allergies or medication usage must be indicated for any child(ren) participating in the Extended Care Program. Please indicate any medical concerns below. Please state which child(ren) is/are identified with these named conditions, allergies, or medications. If not applicable, please simply mark n/a.

<u>Child(ren)</u>	<u>Medical Concern(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOR PARENTS OF STUDENTS IN 5th, 6th, 7th, & 8th GRADES ONLY: Please sign here if you give your middle school child permission to see family friendly PG movies (i.e. "UP", "Star Wars") with the supervision of the Daycare staff. They will be taken to another classroom for viewing. Without your consent, we will *never* allow your middle school child to see a movie rated above G. *I hereby allow my child to watch a family friendly rated PG movie in Daycare (NOT PG-13):*

_____ 

The undersigned parent(s) agree to indemnify and hold harmless, the school and all their agents, employees, consultants (paid or volunteer) from any loss or liability arising out of their Extended Care Program, as such loss or liability relates to the children covered by this contract. The accident insurance held by the school for each student covers the students in the Extended Care Program as well. **We have read the contract and agree to the terms.**

 Mother's Signature Date

 Home Phone

 Work Phone

 Cell Phone

 Email Address

 Father's Signature Date

 Home Phone

 Work Phone

 Cell Phone

 Email Address