Please complete the Extended Care application only if your child will be attending Extended Care. Return registration fee and 1st week’s payment with registration form. Your child is not considered registered unless payment is received.

### Hours of Operation
- **Morning Care:** 6:30am - 7:30am
- **Aftercare:** 3:00pm - 6:00pm
- **Wednesdays:** 2:00pm - 6:00pm

### Registration Fee
- One Child: $15.00 per year
- Two children: $20.00 per year
- Three or More Children: $25.00 per year

Extended Care weekly fees are as listed below. These prices are for REGISTERED families only. Payment is expected by the Friday of the attending week. A late fee of $5.00 will be changed on Monday morning to any account past due. Any family more than two weeks behind on their account will have Extended Care services suspended until account is brought up to date.

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Care only</td>
<td>$6.00 per week per child</td>
</tr>
<tr>
<td>Afternoon Care only (1-2 children)</td>
<td>$21.00 per week per child</td>
</tr>
<tr>
<td>(3rd or more)</td>
<td>$10.00 per week for each additional child per family</td>
</tr>
<tr>
<td>Wednesday Early Dismissal until 3:30</td>
<td>$5.00 per child</td>
</tr>
</tbody>
</table>

Extended Care fees listed below are for NON-REGISTERED families. This service is provided on an emergency basis only. Families are provided THREE EMERGENCY days per year.

### Emergency Drop-In Per Occurrence
- **AM Program drop-in:** $5.00 per child
- **PM Program drop-in:** $10.00 per child
- **Wednesday Early Dismissal until 3:00:** $7.00

Extended Care ends at 6:00pm. Late fees start at 6:01 as per our time clock. There will be a $5.00 charge for every 5 minute interval.

**Note:** There are no hourly or daily rates. If you use Extended Care at all during the week, you must pay the rate listed above. **Fees are due in advance of use. DELINQUENT ACCOUNTS WILL RESULT IN PHONE CALLS TO PICK UP YOUR CHILD(REN).**
**Blessed Trinity Extended Care Guidelines & Procedures**

**Pick Up Procedures:**

Extended Care will be located in the Parish Hall unless otherwise noted. Each family has been issued four PICK UP PASSES. These passes have your child’s name on them. These are required when picking up your child. This will show that you are authorized to pick that child up. Anyone not having a card will need to provide a photo ID and be named on the Pick-Up list on the registration form. After being authorized to pick up the child, you will then Sign Out on the sheet provided. A Pass will then be provided to you to give to the supervisor responsible for your child. This will verify your child has been properly signed out. **Parents MAY NOT pick their child up unless they have been properly signed out.**

**Extended Care Rules:**

All school rules apply in Extended Care.

Students arriving late to Extended Care must sign in at the front desk and receive an admittance pass.

A 30-minute Homework Time will be provided as per the schedule. Students not wanting to do their homework will not be forced to do it. Your child should have a book to read during this time if they choose not to do their homework. This is a quiet time for students.

Snack Time for students will be available every day after attendance has been taken. Please provide a healthy snack for your child. **NO** sharing of snacks will be permitted due to food allergies.

A refillable water bottle is encouraged. This will be their primary source of water when outside.

**Toys and games from home are only allowed on Fun Friday.** No trading or gifting of personal property is allowed at any time. **NO ELECTRONICS!!!**

**Remember Wednesday’s are Early Dismissal Days.** Dismissal is at 2:00PM!!

Students **may not** have cell phones on, they **must** be turned off. Only with the permission of the Extended Care supervisor may a student turn their phone on to check for messages. Any unauthorized use of cell phone will result in the phone being held at the front desk and returned to the parent only. A second offense will result in the phone being turned in to administration.

In case of emergency contact Kathy Watts at 352-843-9268

Make sure your child has their name on their personal possessions. There is a LOST & FOUND container located in the Parish Hall for items left behind. Items are discarded periodically.

Any questions can be directed to MaryAnn Hahn or Kathy Watts.
Student’s Name __________________________________________ Grade (Include A, B, C or D ) ___________ Teacher ___________

Different Family Name________________________________ Primary E-Mail ________________________________

Address _____________________________ Street _____________________________ City _____________________________ Zip

Father’s Name _____________________________________________ Home phone # _____________________________
Place of Employment _____________________________________________ Work # _____________________________

Mother’s Name _____________________________________________ Cell # _____________________________
Place of Employment _____________________________________________ Work # _____________________________

Emergency contacts:

Name___________________________ Home # _____________________________ Cell # _____________________________

Name___________________________ Home # _____________________________ Cell # _____________________________

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me at home or at work, I hereby authorize the school to call a physician named below and follow his/her instructions. If physician cannot be reached, the school may make whatever arrangements seem necessary.

Signature________________________________________ Parent/Guardian

Local physician’s name___________________________ Phone # _____________________________

LIST ANY MEDICAL CONDITION OR ALLERGIES YOUR CHILD MAY HAVE

_____________________________________________________________________________________________________ ___
______________________________________________________________________________________________________ 
____________________________________________________________________________________________________________ 

Is your child presently on any medications? No _______ Yes, for ________________________________________________ 

I hereby authorized the following people to pick up my child(ren):

PHOTO ID REQUIRED (Please print clearly)

Name: _____________________________ Phone # _____________________________
Name: _____________________________ Phone # _____________________________
Name: _____________________________ Phone # _____________________________
Name: _____________________________ Phone # _____________________________
Name: _____________________________ Phone # _____________________________