



CHRIST THE KING CATHOLIC SCHOOL

1503 MAIN STREET
P.O. DRAWER 1890
DAPHNE, ALABAMA 36526
TELEPHONE: (251) 626-1692
MAXWELL J. CRAIN, PRINCIPAL

EXTENDED DAY CARE 2010-2011

Dear Parents:

Thank you for your interest in our Extended Day Care Program. This program is available to students enrolled in our school who need a "home away from home" for **after school** hours. Children enrolled in the program go directly to the Art Room at 3:00 pm for snack, homework and play. For new and young children, please send a note the first several days with your child to his or her teacher so they may bring your child to the Art Room. **All children MUST be signed out by a parent or guardian.**

HOURS AVAILABLE:

1. 3:00 p.m. to 6:00 p.m. on regular school days.
2. 12:00 noon to 6:00 p.m. on half days of school. Please send lunch.
3. 7:30 a.m. to 6:00 p.m. on Teacher In-service Days.
4. The program is NOT available on holidays.

DAILY SCHEDULE:

| | |
|-----------------|--|
| 3:00 -3:25 p.m. | Check in/restroom/snack |
| 3:25 -5:00 p.m. | Homework/outside play. (The Extended Day Care staff is not responsible if your child does not complete his or her homework.) |
| 5:00 -6:00 p.m. | Outside play/inside games/prepare for home. |

The Extended Day Care Staff is composed primarily of parents and grandparents of children in the school. Specific questions of qualifications of Extended Day Care personnel should be directed to Maxwell Crain. The child/staff ratio is 12-15 pupils per one staff member.

Extended Day Care is an extension of CKCS; therefore, all the policies and procedures of the CKCS Parent-Student Handbook apply. Any failure to follow school rules will result in the enforcement of the appropriate school discipline policy. Students who are consistently disruptive will be asked to leave the program.

The attached forms and affidavit must be completed, notarized and returned to the school prior to your child being accepted in the program. We must know what days to expect your child! Please mark the days your child should attend on a regular basis. If your child will be absent on a day he/she is marked to attend, call the office (626-1692) and ask to have them marked off the attendance sheet.

On **Thursday, August 12th**, we will open the Extended Day Care Program from Noon to 6:00 p.m. If you plan to use the service on the first day, please notify the office and send a lunch.

Maxwell Crain
Principal

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION CHECK

CHRIST THE KING CATHOLIC SCHOOL
P.O. DRAWER 1890
DAPHNE, ALABAMA 36526
EXTENDED DAY CARE 2010/2011

PARENT/GUARDIAN'S NAME _____

CHILDREN'S NAMES _____ GRADE _____
_____ GRADE _____
_____ GRADE _____

Name of person(s) authorized to pick up child _____

REGISTRATION COST: \$15.00 per family **per school year** (non-refundable)

The following three options are available under the extended care plan. Please check **one** of the three options. You may change your extended care option during the school year. Adequate **written** notice must be given to the office and Extended Care Manager.

- _____ 1) **FULL STAY** – available daily from 3:00 until 6:00 p.m.
Cost per one child is \$192.00/month. Cost for 2 or more children is \$223.00/month.
A coupon book will be issued. Payments are due on the 1st of each month, September through May.
Cost includes in-service days and half days.

IMPORTANT NOTE: For the safety of your child, we need to know when to expect him/her.
When will you start the program? _____

CHECK DAYS

CIRCLE ESTIMATED PICK UP TIMES

| | | | | |
|-----------|-------|--------|--------|--------|
| Monday | _____ | 4 p.m. | 5 p.m. | 6 p.m. |
| Tuesday | _____ | 4 p.m. | 5 p.m. | 6 p.m. |
| Wednesday | _____ | 4 p.m. | 5 p.m. | 6 p.m. |
| Thursday | _____ | 4 p.m. | 5 p.m. | 6 p.m. |
| Friday | _____ | 4 p.m. | 5 p.m. | 6 p.m. |

- _____ 2) **HALF STAY** – Available daily from **3:00 p.m.** until **4:30 p.m.**
Cost per one child is \$130.00/month. Cost for 2 or more children is \$160.00/month.
A coupon book will be issued. Payments are due on the 1st of each month, September through May.
Cost includes in-service days and half days.

IMPORTANT NOTE: For the safety of your child, we need to know when to expect him/her.
When will you start the program? _____

CHECK DAYS

| | |
|-----------|-------|
| Monday | _____ |
| Tuesday | _____ |
| Wednesday | _____ |
| Thursday | _____ |
| Friday | _____ |

- _____ 3) **DROP IN** – Available from 3:00 p.m. until 6:00 p.m.
Limited to two times per week/not to exceed 10 stays per month*
Cost is \$8.30/family/stay. Payment will be accepted at pick up or billed at the end of the month.

* After 10 stays per month, billing will be calculated on Full Stay/Half Stay cost.

**CHRIST THE KING CATHOLIC SCHOOL
EXTENDED DAY CARE INFORMATION FORM**

| Child or Children's Names | Sex | Date of Birth | Grade |
|---------------------------|-------|---------------|-------|
| _____ | _____ | ____ _ | _____ |
| _____ | _____ | ____ _ | _____ |
| _____ | _____ | ____ _ | _____ |
| _____ | _____ | ____ _ | _____ |

Special Instructions: Allergies? Any Chronic Illnesses?

Child or Children's Address:

_____ _____ _____ _____ _____
Number Street City Zip Home Phone #

Parent or Guardian's Name _____

Home Address _____ Home Phone # _____

Name of person(s) picking up child _____

Parent's Business Address & Telephone. The following telephone numbers may be called in cases of emergency:

_____ _____ _____ _____
Mother's Last Name First Name Business Address Phone #

_____ _____ _____ _____
Father's Last Name First name Business Address Phone #

Mother's Cell Phone: _____ Father's Cell Phone: _____

Doctor's Name and Telephone: _____

If the above cannot be reached, I wish my child to be taken to the EMERGENCY HOSPITAL.
Yes No (Circle one)

I wish the following doctor to be notified:

Illness, Accident, or Leaving Center Premises: In the event of apparently serious illness, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence and they have **SIGNED** their names on this form. They may also release my child from the Extended Care Program.

Name Address

Home Phone: _____ Cell Phone: _____

Signature _____

Name Address

Home Phone: _____ Cell Phone: _____

Signature _____

If anyone other than the parent or guardian, or above named people, are to pick up your child, please send a written note to the school signed by the parent or guardian. **We cannot release your child to anyone not appearing on this form without prior written permission.**

Please note below if you have restrictions as to who picks up your child.
The following persons may **NOT** call for my child:

Rules:

- Students must follow Student Handbook rules and procedures
- Shoes must be worn at all times
- Flip-flops are **not** allowed
- Students are not allowed to exit through the main hall door after they have signed in to Extended Day Care
- Students must remain in the art room and on the playground under the supervision of a CKCS supervisor at all times.

I have read the above and will direct my child to follow all of the procedures/rules listed.

Signature of parent/guardian

Date

Christ the King Catholic School
1503 Main Street
P.O. Drawer 1890
Daphne, Alabama 36526

STATE OF ALABAMA

COUNTY OF BALDWIN

Before me, a Notary Public in and for the said State and County,
appeared _____ and is known to me,
after being duly sworn or affirmed, states as follows:

That affiant is the parent or legal guardian of the minor child/
children _____ ;
that affiant has been notified by Mr. Maxwell Crain, a representative of Christ
the King Catholic Church/School, that said Church or School has filed notice
and is exempt under law from regulation by the Department of Human
Resources.

PARENT / LEGAL GUARDIAN

Sworn, or affirmed to and subscribed before me this _____ day of
_____, 2010.

NOTARY PUBLIC

COMMISSION EXPIRES

COUNTY OF