

**ST. MARY STAR OF THE SEA SCHOOL  
515 WISCONSIN AVENUE  
OCEANSIDE, CALIFORNIA 92054  
722-7259 SCHOOL - 722-6711 STAR CARE ROOM  
EXTENDED CARE AGREEMENT 2008 - 2009**

Father's Name \_\_\_\_\_ Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of children requiring services:

\_\_\_\_\_ Grade \_\_\_\_\_                      \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_                      \_\_\_\_\_ Grade \_\_\_\_\_

**MONTHLY FEE SCHEDULE: (Circle which plan)**

A.	Morning Care (7-7:45 a.m.)	Each child	\$2.50 per day
B.	Full Time Morning & Afternoon Care	1 Child 2 Children 3 Children 4 Children	\$127.00/month \$210.00/month \$273.00/month \$337.00/month
C.	Afternoon Care (2:45-6:00 p.m.)	1 Child 2 Children 3 Children 4 Children	\$ 96.00/month \$158.00/month \$206.00/month \$253.00/month
D.	Afternoon Drop-in Rate	Each child	\$2.50 per hour

**CHILDREN MUST BE PICKED UP NO LATER THAN 6:00 P.M.  
PARENTS WILL BE CHARGED \$1.00 PER MINUTE AFTER THAT TIME.  
HABITUAL LATENESS MAY RESULT IN LOSS OF EXTENDED CARE PRIVILEGE.**

The above fees are calculated on a yearly 10 month usage rate. Because the school year includes a 2-week vacation at Christmas and approximately two weeks of school in June, those who choose the full time plan will pay the full monthly rate in December and will not be required to pay for June services. This does not apply to those using the hourly rate. Fees for hourly rates are calculated per hour. This means any part of an hour used in the Extended Care Program is one hour. **Hours are calculated from 12:00 Noon on minimum days and 2:45 p.m. on regular school days; however, there is no charge if children are PICKED UP PRIOR TO 12:30 p.m. (minimum days) or 3:15 p.m. (regular days). THERE IS NO HALF-HOUR RATE.**

Payments are due on receipt of billing. Payments are considered past due if not received in the school office by the 15th of the month, and a \$25.00 late fee will be charged on all delinquent accounts. Your children will not be allowed in extended care if your account becomes past due. Past due amounts are subject to the same collection policy which applies to tuition.

An additional charge of \$25.00 will be assessed for any check that is returned from the bank due to insufficient funds or closure of your bank account. Your check-paying privileges at St. Mary's will then be revoked.

## AGREEMENT

I, the undersigned, enroll the student(s) listed in St. Mary, Star of the Sea School Extended Care Program (also called StarCare) for the 2008-2009 School Year. I have read the contract and handbook, and I agree to all terms and conditions.

Furthermore, I agree to uphold the standards of the school. The students listed will comply with the regulations. I also understand that failure to do so will result in termination of the child from the Extended Care Program.

Signed \_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_

Accepted by \_\_\_\_\_ School Representative Date \_\_\_\_\_

### EXTENSION PROGRAM EMERGENCY INFORMATION

Child's Full Name	Birth Date	Child's Full Name	Birth Date

I hereby give permission for my child(ren) to go home after dismissal unescorted, and I assume all responsibility for my child(ren) after he/she/they leave(s) the school.

In addition to the parents/guardians, the following persons(s) are permitted to pick up my child(ren):

Name	Address	Telephone	Cell
------	---------	-----------	------

Name	Address	Telephone	Cell
------	---------	-----------	------

The following person(s) **MAY NOT** pick up my child:

\_\_\_\_\_

**ILLNESS OR ACCIDENT:** In the event that the parents cannot be contacted and in the event of an apparently serious illness or accident, I wish one of the following to be notified by telephone. They are authorized to act in my absence and may release my child from the Day Care Center. These persons are also listed on the emergency card in the school office.

Name	Address	Telephone	Cell
------	---------	-----------	------

Name	Address	Telephone	Cell
------	---------	-----------	------

In the event of a serious illness or accident, if one of the above cannot be reached, I request that my child(ren) be taken to the NEAREST EMERGENCY FACILITY.  Yes  No

#### **DOCTOR'S NAME AND TELEPHONE**

Doctor / Medical Facility	Address	Telephone
---------------------------	---------	-----------

Special Instructions/Allergies \_\_\_\_\_

#### **PARENTS/GUARDIANS' BUSINESS ADDRESS AND TELEPHONE**

Mother's Last Name	First Name	Business Address	Telephone	Cell
--------------------	------------	------------------	-----------	------

Father's Last Name	First Name	Business Address	Telephone	Cell
--------------------	------------	------------------	-----------	------