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| **Notre Dame School Extension Program**435 Hazel St. Chico, CA 95928(530) 342-2502 Fax (530) 342-6292**Contract**August 17, 2023- June 2, 2024 |
| The Notre Dame Extension Program strives to create a Catholic atmosphere where each student is encouraged to grow in maturity and self-respect in an atmosphere wherein respect and understanding for others is realized.While providing a safe and loving environment that emphasizes sharing and self -esteem, the program offers a rich diversity of growth activities that complement the mission and values of the school and family. |
| **School Days Only****Extension is provided on regularly scheduled school or In-service days.   We will not provide care on school holidays or during summer.****Extension hours are 7:30 am - 8:00 am and after school until 6:00 pm.****Extension Fees:**To obtain a Flat Rate for K-8 extension a commitment must be made for the full school year payable in 10month via FACTS or as a one-time payment in full. **TK-8 Flat Rate**$165 per month per child, with a commitment of $1650 for the year. (Approximately $8.25 a day)**Family Flat Rate TK-8**For a family of 3 or more there is a maximum flat rate of $450 a month with a commitment of $4,500 for the year. **Morning Only Flat Rate TK-8**$55 per month per child with a commitment of $550 for the year.  **Family Flat Rate Morning Only TK-8**For a family of 3 or more there is a maximum flat rate of $165 per month with a commitment of $1,650 for the year. **Drop In Attendance daily rates:****Regular Day** with dismissal of 2:50pm or 3:00pm - $36 a day per child ($12 an hour)**Minimum Day** with a dismissal of 12:20pm or 12:35pm- $66 a day per child ($12 an hour)**Early Release Friday** with a dismissal of 1:20pm or 2:00pm -$40 a day per child($12an hour )**Contract**A signed contract implies a financial obligation for a full 2023-24 academic school year. In order to be eligible for the flat rate fees, the Extension Contract ***must be on file before the beginning of school***. The Extension Contract must be on file **prior** to attendance. Families may change their preference from drop in to flat rate by email or written request only.**Billing**Flat Rate TK-8: Unless paid in full, monthly payment will be deducted through FACTS. **Drop-in Extension:** The billing cycle is from the first school day of the month to the last. The statement will generally be ready by the second week of the following month and are payable upon receipt.  Your bill is considered past due by the 30th of the month you received your bill.   If your account becomes past due, and you have not made arrangements with the principal, a $25.00 late charge may be added to your account.  Account inquiries should be directed to the Extension director.**Late Pick-Up Fee:**A late pick-up fee of $2.00 will be added for every 1-minute increment that each child is picked up after **6:00 pm.****Hours:**You will be billed for Extension if your child arrives at school before **7:50am** or is picked up after **3:15pm**. If your child needs care after an event, billing will begin after the official end of the activity. Parents are given a five minute “traffic” grace period before billing begins. *This does not apply to 6:00pm Closing time.***Permission to pick up:**We will only release children to persons authorized by the parent. If you would like your child to go home with someone that is not listed on this agreement or the Emergency Card on file in the office, please send a signed and dated note. If your child regularly attends Extension and you have made other arrangements for the day (i.e.: going home with a friend), please notify the school or extension director.**Snacks:**Parents need to provide an afternoon snack**Sign in sheets:**  Children will be automatically signed in from 7:30am to 7:50am and will be automatically signed out at Morning Assembly time (8:00am). Extension staff will sign children in to the e program each afternoon, but parents are required to sign children out. Each child is continuously enrolled from the start date to the end of the school year. Please notify us in writing if you wish to change the hours your child is in attendance. Please give us two weeks’ notice if you plan on withdrawing from our program. We will also give you two weeks’ notice if we find that your child’s needs are not being met in our program |

**Extension Contract 2023-24**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I plan on using the Flat rate fee for morning and afternoon extension.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_Flat Rate:\_\_\_\_ Morning Only Flat Rate:\_\_\_\_\_\_

 Check one

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_Flat Rate:\_\_\_\_ Morning Only Flat Rate:\_\_\_\_\_\_

 Check one

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_Flat Rate:\_\_\_\_ Morning Only Flat Rate:\_\_\_\_\_\_

 Check one

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_Flat Rate:\_\_\_\_ Morning Only Flat Rate:\_\_\_\_\_\_

 Check one

What days of the week will you be using extensions (Circle all that apply). M T W TH F

 I plan on using the drop in rate for Morning or afternoon. I will let the office know if I will be using drop in for my child(ren)

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drop in only\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drop in only\_\_\_\_\_\_\_\_

Child lives with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone Number

The flowing persons have permission to pick up my child(ren):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

In case of emergency please contact: NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand this Extension Financial Contract. I agree to the terms and requirements as stated herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date