

Extended Care Program Registration Form

On what date will your student/students begin ECP? _____

Circle days of attendance: AM: M T W TH F

PM: M T W TH F

Please fill out arrival and departure time to the nearest half hour, being as specific as you can:

AM Arrival Time: _____ PM Departure Time: _____

Who will pick up the student(s)? _____

Cost Example - Hours of Use/Day/Child

174	Total No. of Days in 2022/23 School Year
9	Number of Months in School Year
\$5.00	Cost for Child No. 1 Per Hour
\$4.50	Cost for Each Additional Child per Hour

AM HOURLY RATES

Estimated Monthly Costs (Hours per day X hourly rate x total days per year/no. of months in a year)

Hours/day	Child 1	Child 2	Child 1 + Child 2	Child 3	Child 1,2 & 3
1	\$96.67	\$87.00	\$183.67	\$87.00	\$270.67
1.5	\$145.00	\$130.50	\$275.50	\$130.50	\$406.00
2	\$193.33	\$174.00	\$367.33	\$174.00	\$541.33

The rates below are full-time PM hours and is slightly higher because it includes the extra hour for Wednesday early dismissals.

PM HOURLY RATES

Estimated Monthly Costs (Hours per day X hourly rate x total days per year/no. of months in a year)

Hours/day	1st child	2nd child	Total for 2	3rd child	Total for 3
1.0	\$ 117.22	\$ 105.50	\$ 222.72	\$ 105.50	\$ 328.22
1.5	\$ 165.56	\$ 149.00	\$ 314.56	\$ 149.00	\$ 463.56
2.0	\$ 213.89	\$ 192.50	\$ 406.39	\$ 192.50	\$ 598.89
2.5	\$ 262.22	\$ 236.00	\$ 498.22	\$ 236.00	\$ 734.22
3.0	\$ 310.56	\$ 279.50	\$ 590.06	\$ 279.50	\$ 869.56
3.5	\$ 358.89	\$ 323.00	\$ 681.89	\$ 323.00	\$ 1,004.89
4.0	\$ 407.22	\$ 366.50	\$ 773.72	\$ 366.50	\$ 1,140.22
4.5	\$ 455.56	\$ 410.00	\$ 865.56	\$ 410.00	\$ 1,275.56

I have read the *Extended Care Program* information sheet, and I understand the conditions of enrollment

Signature: _____

Parent name (printed): _____

Date: ____/____/____

Extended Care Program Registration Form Cont.

(PM) Bus Color/Number: _____

1st Child's Name: _____ Grade: _____ Birthdate: _____

2nd Child's Name: _____ Grade: _____ Birthdate: _____

3rd Child's Name: _____ Grade: _____ Birthdate: _____

MEDICAL HISTORY (including food allergies or other)

1st Child: _____

2nd Child: _____

3rd Child: _____

May we call 911 in case of emergency? Circle one: YES NO Signature: _____

PARENT OR LEGAL GUARDIAN

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Employer: _____ Work _____

Email Address: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Employer: _____ Work _____

Email Address: _____

OTHER PERSONS TO NOTIFY IN AN EMERGENCY Allowed to pick up student? YES NO

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____