



Saint Andrew's Extended Care program is a service available for all of our students. The program is an extension of the normal school day and provides students with a variety of activities. Extended care staff provide supervision while maintaining flexibility for children who have just completed a more structured school day. The program is staffed by experienced individuals who plan age-appropriate programs for preschool, kindergarten, elementary and middle school students.

FIVE DAYS PER WEEK, *per child*

A. Afternoons only until 6:00 PM \$1,850.00

THREE DAYS PER WEEK, *per child*. In order to maintain our compliance with state regulations, days must be specified in advance.

B. Afternoons only until 6:00 PM \$1,125.00

HOURLY RATE, *per child* \$15.00 per hour (*For emergency use only*)

Those utilizing the hourly extended care program MUST contact the director in advance due to state staff-child regulations.

OPERATIONS:

Extended care ends at 6:00 PM. Parents or legal guardians who fail to pick up their child(ren) by 6:00 PM will be subject to a late fee of \$15 for every 10 minutes late. Late fees will be charged to the student's account and billed monthly.

In the evening, guardians must sign students out in the preschool lobby and a director or staff member will bring the child to the guardian. Authorization must be provided by phone or in writing if alternative pick-up plans are made. Any person, other than the parent or legal guardian, picking up a student must show proper identification to a staff person before the student will be released into his or her custody.

Stay tuned to Anne Arundel County School late openings, closings, or early dismissals. **When afternoon activities are cancelled with the county, no extended care will be offered.**

By signing this Extended Care Contract, I agree to accept and explain the rules of Saint Andrew's United Methodist Day School to my child. As parent(s) or guardian, I/we agree to the terms and to accept and abide by the rules of Saint Andrew's. I/we understand that a positive and constructive working relationship between the school and a student is essential to the fulfillment of the school's mission.

Child's Name: _____

Grade/Class: _____

Child's Name: _____

Grade/Class: _____

Child's Name: _____

Grade/Class: _____

Circle Plan Chosen: **A** **B**

For Options **B** please check the three days needed under contract. M T W Th F

Payment Options (*check one*): Payment in full by September 1

Two installments, 1/2 due by September 1; 1/2 due by January 1

FACTS (only available if your tuition is processed through FACTS)

Parent or Guardian Signature *Date*

School Representative *Date*

Print name of parent or guardian

Email and cell phone number

Print name of parent or guardian

Email and cell phone number