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Extended Care 2025 - 2026

St. John's provides an extended care program for students who are in need of supervision from 2:20 PM to 5:30 PM on regular school days (and from 11:50 AM to 5:30 PM on most half days). This service can often be a great assistance to parents who are working and unable to pick up their children by the mandatory pick-up time of 3 PM each regular school day (and 12:30 PM on half days). **Students have the opportunity to work on homework and play under the supervision of school staff.** Staff members will make every attempt to assist your child with questions, but the ultimate responsibility of overseeing homework is with the parents.

- Extended Care is from 2:20 PM – 5:30 PM on regular school days (11:50AM – 5:30 PM on most half days).
- Parents/Guardians must sign out their children prior to removing them from Extended Care.
- Extended Care for full time and part time students will be billed at the beginning of the month for the previous month.
- Children left on the school grounds after 3:00 PM will be required to go to Extended Care (at parent's expense) unless registered in another after school program. If the student is not picked up on time from the other SJB activity, they will be required to go to Extended Care **($15.00 fee)**.
- Drop in students in Extended Care must pay the fee at the time of pickup or the following business day.

The following rates are in effect for the 2025 - 2026 school year:

Registration Fee:	$100.00 Registration Fee per family
Daily Rate:	$20.00 per child, per day ($35.00/2 students)
Late pick up fee:	$15.00 per child (from 3:00PM - 3:15PM)
Drop-In Rate:	$25.00 per DAY/per CHILD (less than once a week) without registration fee

Extended Care Program Registration Policy
Terms, Conditions and Fees

- **EXTENDED CARE HOURS: 2:20 PM-5:30 PM**

  Extended Care closes daily at 5:30PM. If a child is picked up after 5:30PM, a **$5.00 per minute**, per child additional charge must be paid at the time of pickup and in cash only! Continued tardiness will result in your Extended Care privileges being terminated.

- TELEPHONE: (Available after 3:00 pm. and in emergency only) **714-640-4274**

- Your Child(ren) are expected to obey all Extended Care rules. Including respectful behavior toward the Extended Care staff and other children. Your child cannot bring personal toys, games etc. to Extended Care.

- Please be sure to provide a healthy after school snack and drink to meet the needs of your child - 2:20-5:30PM is a long time without anything to eat. Extended Care will not be providing snacks.

- Please include a jacket or sweatshirt with name in large print.

Conditions of Payment:

Full-time and part-time extended care (1-4 times a week or more) will be billed at the beginning of the month for the previous month. Payment is due upon receipt. Additional reminders or billing statements will include additional fees. **Continued payment delinquency could result in termination of your Extended Care privileges.**

Occasional Extended Care or Late Pick-Ups are required to pay at time of pick-up.

Extended Care Program Registration Form

$100.00 Family Registration Fee Check #:_____ Cash:_____

_____ Full Time (Every School Day)

_____ Part-Time (1-4 Days per Week)

You will be billed at the beginning of each month and payment is due upon receipt. Failure to keep your Extended Care account current will result in the loss of your privileges to utilize SJB Extended Care.

_____ Occasional and Late Pick-Ups (Payment is due upon pick-up)

Child Name: _____ Grade:_____

_____ Grade:_____

_____ Grade:_____

_____ Grade:_____

I understand and agree to abide by the SJB Policy and Terms and Conditions.

Parent/ Guardian:

Print Name: _____

Signature: _____

Date: _____

EMERGENCY INFORMATION

STUDENT 1 NAME: _____ GRADE: _____

STUDENT 2 NAME: _____ GRADE: _____

STUDENT 3 NAME: _____ GRADE: _____

ADDRESS: _____ CITY: _____

FATHER'S NAME: _____ PHONE: _____

WORK: _____ CELL: _____

MOTHER'S NAME: _____ PHONE: _____

WORK: _____ CELL: _____

EMERGENCY CONTACT 1: _____

RELATIONSHIP _____ PHONE: _____

EMERGENCY CONTACT 2: _____

RELATIONSHIP: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

ALLERGIES/MEDICAL CONDITIONS_____

_____

I understand that the school does not assume responsibility for payment. However, in an emergency you may choose a duly licensed physician or dentist to provide emergency medical or dental care for the child(ren) listed on this form.

_____ _____

Parent Signature Date

_____

Print Name