



(610) 866-2231



www.ndbethlehemschool.org

Notre Dame School
of Bethlehem



1835 Catasauqua Road, Bethlehem, Pennsylvania 18018

Extended Care Program

2026-2027 School Year

Welcome to the Notre Dame School of Bethlehem Extended Care Program. We look forward to working with you and your student(s). We have compiled a list of guidelines to help you understand our program. At Extended Care, we follow all school health and safety guidelines and protocols.

EXTENDED CARE HOURS:

Morning Care	7:00-8:30AM
After Care	2:30-5:45PM for Preschool and Kindergarten 2:45-5:45PM for Grades 1-8
Early Dismissal	11:30AM-5:45PM for Preschool and Kindergarten 12:00PM-5:45PM for Grades 1-8
Inclement Weather: Early Dismissal/Late Arrival	We will remain open for 90 minutes after the school's early dismissal closing. Extended Care opens at 9:00AM on delayed openings.
Please note: Please see the school calendar to see which half days do not offer afternoon Extended Care. Any other closed dates will be posted with ample notice.	

EXTENDED CARE BILLING:

- \$7.75 First child per hour
- \$6.75 Second/Third child per hour
- \$1.00 a minute for each child after 5:45pm closing
- Billing cycle is Monday thru Friday. The invoice will be **EMAILED** weekly for the previous week. The bill to be paid **ONLINE**, using the link provided on your emailed invoice.
- Any account past due may be applied to the student's tuition account, along with a \$75.00 processing fee.

EXTENDED CARE POLICIES:

- **No student will be released from Extended Care (Preschool-Grade 8) prior to 3:15pm.** This is to allow the car dismissal process to clear. The safety of our students and the staff is our first priority.
- Tax receipts: Should you require a receipt for tax purposes, please request 2 weeks prior to the date needed.

An Emergency Form, Billing Form and Reservation Form are attached. Please return with the names of all individuals (over the age of 16) that will be picking up your child. For your child's safety, ID will be required at pick up.

Extended Care Billing Agreement Form

Please sign below and return Extended Care billing agreement:

DAILY RATE:

- \$7.75 First child per hour
- \$6.75 Second/Third child per hour
- \$1.00 a minute for each child after 5:45pm closing

BILLING POLICIES:

- Billing cycle is Monday thru Friday
- All Invoices will be **emailed** weekly on Tuesday for previous week
- Bill to be paid **online** using the link provided on your emailed invoice
- Any account past due may be applied to the student's tuition account, along with a \$75.00 processing fee.

Student Name: _____

Student Name: _____

Student Name: _____

Parent / Guardian Name (print) : _____

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Responsible for bill: _____

Email(s) to be used for billing (REQUIRED): _____

Extended Care Reservation Form

Child's Name: _____

Child's Date of Birth: _____ Age: _____ Grade/Section: _____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please enroll my child in the Extended Care Program for the following days and times.
(Please list the **approximate times** next to the appropriate day.)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Noon Dismissal Days _____

Please understand that this is only a tentative reservation for the upcoming school year. The above request will be confirmed by a staff person prior the start of the new school year.
to

Name (Please PRINT)

Signature

Date

Extended Care Emergency Form

Child's Name: _____ Birthday: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

Best phone number to use between 2:45-5:45: _____

Grade/Section: _____

Father/Guardian Name: _____

Phone (Work): _____

Mother/Guardian Name: _____

Phone (Work): _____

Emergency Contact: _____

Phone (Home): _____

Phone (Work): _____

Relationship: _____

Please list any allergies: _____

Please list any medical conditions: _____

Does your child take any medications on a regular basis? *(Please list and explain its usage.)*

Please list any individuals who are allowed to pick up your child:

Parent/Guardian Signature

Date