



**EXTENDED DAY PROGRAM LETTER OF UNDERSTANDING**

Please read the information concerning fiduciary, safety, and discipline policy, check the appropriate payment information, sign, and return to the school office. **This form must be filled out by every family, even if you do you plan to use the program. We require this paperwork in the event of an unexpected use of the program. Students cannot remain at school unsupervised. Therefore, students dropped off before the opening of the school or students who are not picked up from school on time will be sent to Extended Day Care.**

**A. Financial Payment Plan** (please circle number one, two, or three):

1. Weekly - Payment due to Business Office on Monday of each week. (\$25 late fee charged if payment made after Monday)
  2. Monthly – Payment to Business Office by the 1<sup>st</sup> of each month, (\$25 late fee charged if payment received after due date). Payments can also be made through the FACTS account. (Please contact the business manager, Flora Wack at 703-354-0711 to set up)
  3. Drop-In/Emergency –Parent will be invoiced.
- I agree to pay a late fee of \$1.00 per minute, per student for the first 5 minutes. After 6:05 p.m. the charge will be \$5.00 per minute, per family whenever my child/children are cared for after 6:00 p.m. on regular school days or after 5:00 p.m. on early dismissal school days.
  - I understand that automatic suspension from the Program may be imposed if bills are not paid.

**B. Health and Safety**

- I agree to accompany my child(ren) into the morning Program and sign him/her in, at or after 6:45 a.m.
- I agree to sign my child(ren) out of the Program by 6:00 p.m.
- I understand that no child may be released to anyone except parents or guardians without written permission and proper identification.
- I understand that no medication will be administered without the proper form and that all medication must be provided in their unexpired original containers.
- I understand that my child(ren) cannot attend the Program with any contagious illness, unidentified rash, fever, vomiting, or diarrhea.
- I understand that no child may be taken to the morning program having had fever, rash, vomiting, or diarrhea the previous day/night. Once the child is confirmed free of contagious illness by a healthcare provider and documentation is submitted or is fever/symptom free for 24 hours without taking fever or symptom relieving medication, the child may return to the morning program.
- I authorize Queen of Apostles to obtain immediate medical care if any emergency occurs when I cannot be reached.

**C. Discipline**

- I understand that serious or repetitive infractions of the Student Code of Conduct or the behavior expectations as outlined in the Parent Student Handbook may result in removal of the child from the Program.

Parent/Guardian: \_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)

Print child(ren)'s name(s):

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



Faith, Excellence & Joy

# QUEEN OF APOSTLES CATHOLIC SCHOOL

4409 Sano Street, Alexandria, Virginia 22312

## 2020-2021 EXTENDED DAY ENROLLMENT CONTRACT

SERVICE REQUESTED (please check the time period you will be using Extended Day):

\_\_\_\_\_ **Monthly: Morning Sessions (6:45 a.m.-7:45 a.m.) Monday-Friday**

\_\_\_\_\_ **Monthly: Afternoon Sessions (3:00 p.m. – 6:00 p.m.) Monday-Friday**

\_\_\_\_\_ **Daily: Every \_\_\_\_\_** (please list the days of the week and the hours you will need to use this service)

\_\_\_\_\_ **Early Dismissal Days (11:30 a.m. – 6:00 p.m.)**

\_\_\_\_\_ **No Plan**

**FAMILY NAME:** (Please Print)

\_\_\_\_\_

**STUDENT(S) NAME(S)/GRADE(S)** (please print):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature:

\_\_\_\_\_  
Parent/Guardian      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Guardian      Date

\_\_\_\_\_  
Printed Name