EXTENDED CARE

GENERAL INFORMATION
The St. Ignatius Loyola Extended Care Program is a service to parents which meets its salary schedule and operating expenses solely through our fee payments. Rates are kept as low as possible in order to provide this service to you. Students are charged only for the days they are in attendance. Fees are as follows:

- Annual Registration Fee: $40 per student
- Daily Rate: $15/day per student
- Discounted Weekly Rate: $65/week per student

EXTENDED CARE BILLING PROCEDURES
Extended Care will be billed on a monthly basis, with charges being posted to your FACTS account the first week of the month following attendance. Charges are based on daily or weekly attendance rates.

If you have a monthly ACH plan on FACTS: All extended care charges will be automatically withdrawn from your previously registered bank account, on the 20th of every month. You will not have to do anything. (Ex: September Extended Care payment will be scheduled for October 20th).

If you have an Invoice plan on FACTS: Charges will be entered the first week of the month following attendance and you will receive an email telling you to log onto your FACTS account to view your Extended Care charges. You may then pay the balance by check at the school office*or you may make payments online through FACTS. Most parents find secure online payments to be a simple, easy way to pay! These payments will also be due the 20th of the month. Credit cards are also accepted through FACTS for your convenience.

*If you are paying by check, please make checks payable to St. Ignatius Parish and place in an envelope labeled with your child's name and "Extended Care Payment". These checks may be sent to the school office anytime through your child's homeroom teacher.

EXTENDED CARE HOURS
The Extended Care Program is held after school from 2:45 PM - 6:00 PM. Students are to report to the cafeteria for attendance at 2:45 PM. The program schedules time for homework/quiet time, a snack and play time in the gym (sneakers are needed in the gym, and shorts for girls, under their uniform). Extended Care closes promptly at 6 PM. There is a $10 late charge for students picked up after 6 PM, for each occurrence.

- Extended Care is available on days with 1 PM Early Dismissal, due to Faculty In-Service.
- There is NO Extended Care available when school dismisses at noon for Christmas vacation, Easter vacation, and on the last day of school.
- In the event of an early dismissal because of weather, there will be NO Extended Care.

Information on cancellations can be found on our school website www.stignatiusvikings.org and on the radio stations listed below:
WEEU 830 AM WRFY 102.5 FM WRAW 1340 AM WIOV 1240 AM WIOV 105.1 FM

DISMISSAL
For your child’s protection, he or she will only be allowed to leave with the persons whose names are on the release form. Students must be signed out of Extended Care prior to leaving. When it is necessary to substitute another person, permission must be given by the parent/guardian in writing or in an emergency, by telephone to the school office before 3 PM. **This year, pickup will be from the school cafeteria.** If you need to contact Extended Care Staff after school hours, please call their cell phone: 484-333-8889.
EXTENDED CARE CONTRACT
After School Program
2:45 PM - 6:00 PM
Grades PreK-8

By agreeing to enroll my child in the St. Ignatius Loyola Regional School Extended Care Program, I agree to pay the following fees:

- Annual Registration Fee: $40 per student
- Daily Rate: $15/day per student
- Weekly Rate: $65/week per student
- Late Pickup Fee: $10 for every occurrence

List Typical Days Needed:

Student's Name_____________________ Grade_______  Approximate Pickup Time_________

Student’s Name_____________________ Grade_______  Approximate Pickup Time_________

Student’s Name_____________________ Grade_______  Approximate Pickup Time_________

Student’s Name_____________________ Grade_______  Approximate Pickup Time_________

RELEASE AUTHORIZATION

The following individuals are authorized to pick up my child at St. Ignatius Loyola Regional School.

1. ___________________________________  2. ___________________________________

3. ___________________________________  4. ___________________________________

5. ___________________________________  6. ___________________________________

I understand, for the protection of my child, he/she will not be given permission to leave St. Ignatius Loyola Regional School with anyone not included on the above list. It is my responsibility to notify the school office in writing, if any changes are to be made to the above list.

_________________________________________  __________________________
Parent’s Signature  Date

_________________________________________  __________________________
Parent’s Signature  Date

Emergency Contact (other than parents):

Name _____________________________________  Phone ____________________________
ST. IGNATIUS LOYOLA SCHOOL
EXTENDED CARE REGISTRATION FORM

Student Name ________________________________________________________________
First          Middle          Last

Home Address ________________________________________________________________
Street          City          State          Zip

Home Phone ____________________  Child’s Age _____  Date of Birth ________________

Mother ________________________________________________________________
Name
Employer
Cell Phone

Father ________________________________________________________________
Name
Employer
Cell Phone

Guardian ________________________________________________________________
Name
Employer
Cell Phone

Siblings 1) ______________________________________  2) ________________
Name          Age          Name          Age

3) ______________________________________  4) ________________
Name          Age          Name          Age

Emergency Contact (other than parents) and Medical Information

1) Name ______________________________________
Last          First          Relationship          Cell Phone /Home Phone

2) Name ______________________________________
Last          First          Relationship          Cell Phone /Home Phone

Student Doctor ________________________________  Phone _________________________

Student Dentist ________________________________  Phone _________________________

Allergies ____________________________________________________________________
Food, drug, bee sting, other

Treatment ____________________________________________________________________

Dietary Restrictions __________________________________________________________
describe

Handicap/Special Needs ________________________________________________________