

# Blue Mountain Christian School

***Building Disciples for Godly Leadership***

E d u c a t i n g   M i n d s   a n d   T o u c h i n g   H e a r t s

BMCS Extended Care is a service available only for students enrolled at BMCS in K5 full day to 12<sup>th</sup> grades. Hours of operation are 7:00 to 8:00 a.m. and 3:00 to 4:30 p.m. and are only available on BMCS school days. If there is a school delay the extended care will not be available. If school is dismissed early there will be no extended care. Extended Care can be used as needed; payment is only required for the days that the service is used.

Charges are \$5.00 per hour per child. Any portion of a half hour that is used will be billed as a full half hour. Payment is due within 10 days of receipt of statement. Extended Care charges are considered a financial obligation that is separate from tuition.

The student must be present in school and be in good health to be eligible to use the Extended Care Program each day. This program is set up for parents who cannot get off of work in time for their child to come home from school. Please do not take advantage of the program.

Before School Care and after school care students will be taken to the elementary study hall room in the school building. Please note that advance notice of intended use of BMCS Extended Care is required.

## **EXTENDED DAY CARE PROGRAM ACTIVITIES**

Activities for the Extended Care Program may include, but are not limited to:

Snacks	Games
Playground/Gym Time	Circle Time
Bible Time	Arts and Crafts
Computer Club	Homework Assistance
Athletic Events	Reading Club

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# BLUE MOUNTAIN CHRISTIAN SCHOOL EXTENDED CARE REGISTRATION

Child's Name \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ School Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please circle your intent – Will the child be involved in BEFORE and/or AFTER school care?

What days do you anticipate needing extended care? \_\_\_\_\_

What time do you anticipate dropping your child off each day? \_\_\_\_\_

What time do you anticipate picking your child up each day? \_\_\_\_\_

Information given by the parent on the Emergency Information school form will be used when necessary. Please make sure that information is current.

## PERSON(S) AUTHORIZED TO PICK UP OR DROP OFF MY CHILD (Must be prepared to show photo ID)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## GENERAL INFORMATION AND ENROLLMENT AGREEMENT

CHILD'S NAME \_\_\_\_\_

Please initial after each sentence.

1. I understand that I or one of my authorized persons will sign my child in daily for the before school program. \_\_\_\_\_

2. I understand that I or one of my authorized persons will sign my child out when picked up at the end of the day. \_\_\_\_\_

3. *I understand that I will be charged \$5 per hour per child. Any part of a half hour is equal to one half hour. Amount due will be billed at the end of the month.* \_\_\_\_\_

4. *I understand that I will be charged \$7 per 15 minutes my child is not picked up after 4:30 PM.* \_\_\_\_\_

5. I understand that it is my responsibility to inform my child's extended care program caregiver of any changes to the information on the Emergency Information form. \_\_\_\_\_

6. I understand my child must be present in school and healthy to be in the extended care program each day. \_\_\_\_\_

7. I understand that if there is a late start there will not be any AM extended care provided. If there is an early dismissal, I understand that there will not be any PM extended care provided. \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_