



Saint Andrew's Extended Care program is a service available for all of our students. The program is an extension of the normal school day and provides students with a variety of activities. Extended care staff provide supervision while maintaining flexibility for children who have just completed a more structured school day. The program is staffed by experienced individuals who plan age-appropriate programs for preschool, kindergarten, elementary and middle school students.

FIVE DAYS PER WEEK, *per child*

A. Afternoons only until 6:00 PM \$1,950.00

THREE DAYS PER WEEK, *per child*. In order to maintain our compliance with state regulations, days must be specified in advance.

B. Afternoons only until 6:00 PM \$1,200.00

HOURLY RATE, *per child* \$15.00 per hour (*For emergency use only*)

Those utilizing the hourly extended care program MUST contact the director in advance due to state staff-child regulations.

OPERATIONS:

Extended care ends at 6:00 PM. Parents or legal guardians who fail to pick up their child(ren) by 6:00 PM will be subject to a late fee of \$15 for every 10 minutes late. Late fees will be charged to the student's account and billed monthly.

In the evening, guardians must sign students out in the preschool lobby and a director or staff member will bring the child to the guardian. Authorization must be provided by phone or in writing if alternative pick-up plans are made. Any person, other than the parent or legal guardian, picking up a student must show proper identification to a staff person before the student will be released into his or her custody.

Stay tuned to Anne Arundel County School late openings, closings, or early dismissals. **When afternoon activities are cancelled with the county, no extended care will be offered.**

By signing this Extended Care Contract, I agree to accept and explain the rules of Saint Andrew's United Methodist Day School to my child. As parent(s) or guardian, I/we agree to the terms and to accept and abide by the rules of Saint Andrew's. I/we understand that a positive and constructive working relationship between the school and a student is essential to the fulfillment of the school's mission.

Child's Name: _____

Grade/Class: _____

Child's Name: _____

Grade/Class: _____

Child's Name: _____

Grade/Class: _____

Circle Plan Chosen: **A** **B**

For Options **B** please check the three days needed under contract. ☐ M ☐ T ☐ W ☐ Th ☐ F

Payment Options (*check one*): ☐ Payment in full by September 1

☐ Two installments, ½ due by September 1; ½ due by January 1

☐ FACTS (only available if your tuition is processed through FACTS)

Parent or Guardian Signature
Date

School Representative
Date

Print name of parent or guardian

Email and cell phone number

Print name of parent or guardian

Email and cell phone number