

# St. Ignatius Loyola Regional School

*Faith in Every Child*

2700 St. Albans Drive ♦ West Lawn, PA. 19609

## Extended Care Registration Form

Student Name \_\_\_\_\_  
First Middle Last Name to be used in school

Home Address \_\_\_\_\_  
Street City State Zip Home Phone

Child's Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Mother \_\_\_\_\_  
Name Employer Work Phone Cell Phone

Father \_\_\_\_\_  
Name Employer Work Phone Cell Phone

Guardian \_\_\_\_\_  
Name Employer Work Phone Cell Phone

Siblings 1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
Name Age Name Age

Siblings 3.) \_\_\_\_\_ 4.) \_\_\_\_\_  
Name Age Name Age

### Emergency Contact (other than parents) and Medical Information

Name \_\_\_\_\_  
Last First relationship Phone  cell  home  work

Name \_\_\_\_\_  
Last First relationship Phone  cell  home  work

Student Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Student Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
food, drug, bee sting, other

Treatment \_\_\_\_\_  
describe

Dietary Restrictions \_\_\_\_\_  
describe

Handicap or Special Need \_\_\_\_\_  
describe

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**FOR OFFICE USE**

Reg. Fee \$ \_\_\_\_\_

Check No. \_\_\_\_\_

Date \_\_\_\_\_

## Extended Care Contract

*After School Program*

*2:45 P.M. - 5:30 P.M.*

*Grades K – 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 days needed: \_\_\_\_\_

Student's Name _____	Grade _____	Approximate pick-up time _____
Student's Name _____	Grade _____	Approximate pick-up time _____
Student's Name _____	Grade _____	Approximate pick-up time _____
Student's Name _____	Grade _____	Approximate pick-up time _____

### RELEASE AUTHORIZATION:

The following individuals are authorized to pick up my child at St. Ignatius Loyola 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 this list.

_____	_____
Parent's Signature	Date
_____	_____
Parent's Signature	Date

Emergency Contact (other than parents):

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

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## 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 20<sup>th</sup> of every month. You will not have to do anything. (Ex. September Extended Care payment will be scheduled for October 20<sup>th</sup>).

**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. These payments will also be due the 20<sup>th</sup> on the month. Credit cards are also accepted through FACTs for your convenience.

\*If you pay by check, please make check payable to **St. Ignatius Parish** and place on 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 - 5:30 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 gymnasium. (Sneakers are needed to play in the gym; and shorts for girls, under their uniform). **Extended Care closes promptly at 5:30pm. There is a \$10 late charge for students picked up after 5:30pm, for each occurrence.**

- Extended Care is available on days with 1pm 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, for example, there will be **NO** extended care. All students must be picked up within one hour of the school closing. Information on cancellations will also be on the radio and on our web site listed below:

WEEU 830 AM  
WIOV 1240 AM

WRWA 1340 AM  
WIOV 105.1 FM

WRFY 102.5 FM  
[www.stignatiusvikings.org](http://www.stignatiusvikings.org)

### DISMISSAL

For your child's protection, he or she will only be allowed to leave only with the persons whose names are on our release form enclosed. 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 3:00pm. **This year, pick up will be from the school cafeteria.** If you need to contact Extended Care Staff after school hours, please call their cell phone.